

7951

CERTIFICATE OF DEATH

07900

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middletown			c. LENGTH OF STAY IN 1b 11 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middletown		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Paul Middle Arthur Last				4. DATE OF DEATH Month 7 Day 27 Year 1959			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/19/1899		9. AGE (In years lost birthday) 60 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) manager		10b. KIND OF BUSINESS OR INDUSTRY shoe factory		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME John E. Arthur				14. MOTHER'S MAIDEN NAME Minnie Morris			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Nellie Arthur, Middletown, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Sigmoid 153.3 DUE TO With Metastasis to liver Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Operation Nov 1958 (unoperable)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Nov , 19 59 , to July 27 , 19 59 , that I last saw the deceased alive on July 27 , 19 59 , and that death occurred at 10 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Middletown DATE SIGNED 7-28-59							
ACTUAL SIGNATURE J. Elmer Harp M.D.							
PHYSICIAN'S NAME (Type) Dr. J. Elmer Harp				Middletown, Md.			
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF 7/30/1959		22c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		22d. LOCATION (City, town, or county) (State) Middletown, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Gladhill Company, Middletown, Md.				24a. REC'D BY REGISTRAR JUL 31 '59		24b. REGISTRAR'S SIGNATURE Charles S. Knaus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

Reg. Dist. No.

07901

7950

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick		c. LENGTH OF STAY IN 1b Life	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 528 West Potomac		e. STREET ADDRESS 528 West Potomac	
3. NAME OF DECEASED (Type or print) First Beverly Middle Ann Last Ayers		4. DATE OF DEATH Month 7 Day 23 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-3-1935
9. AGE (In years last birthday) 24 yrs.		10. IF UNDER 1 YEAR Months 24 Days 24 Hours 24 Min.	11. IF UNDER 24 HRS. Months 24 Days 24 Hours 24 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James C. Haller		14. MOTHER'S MAIDEN NAME Dorothy Haines	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Donald Ayers, Brunswick, Maryland	
17. INFORMANT Donald Ayers, Brunswick, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 200.0 DUE TO Bronchopneumonia Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO (b) Retention cell carcinoma - lymph DUE TO (c) glaucoma - neck & glandular retention PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH 15 min.			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 5-19-59 to 7-23-1959 , that I last saw the deceased alive on 7-22-1959 , and that death occurred at 19:24 AM , from the causes and on the date stated above. ADDRESS (Street, city or town, state) Brunswick Maryland DATE SIGNED 7-22-1959			
ACTUAL SIGNATURE C.E. Pruitt		M.D. Brunswick Maryland	
PHYSICIAN'S NAME (Type) C.E. Pruitt		M.D. Brunswick Maryland	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 7-25-59	
22c. NAME OF CEMETERY OR CREMATORY Park Heights		22d. LOCATION (City, town, or county) (State) Brunswick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE B. L. Pruitt		ADDRESS Brunswick, Maryland	
24a. REC'D BY REGISTRAR DATE JUL 27 '59		24b. REGISTRAR'S SIGNATURE Arthur L. Pruitt	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Nature of disease		8. Duration of illness	
9. Name of physician		10. Name of attending physician		11. Name of hospital		12. Name of funeral home	
13. Name of informant		14. Name of registrar		15. Name of witness		16. Name of undertaker	
17. Name of cemetery		18. Name of place of burial		19. Name of place of interment		20. Name of place of cremation	
21. Name of place of residence		22. Name of place of birth		23. Name of place of education		24. Name of place of employment	
25. Name of place of death		26. Name of place of death		27. Name of place of death		28. Name of place of death	
29. Name of place of death		30. Name of place of death		31. Name of place of death		32. Name of place of death	
33. Name of place of death		34. Name of place of death		35. Name of place of death		36. Name of place of death	
37. Name of place of death		38. Name of place of death		39. Name of place of death		40. Name of place of death	
41. Name of place of death		42. Name of place of death		43. Name of place of death		44. Name of place of death	
45. Name of place of death		46. Name of place of death		47. Name of place of death		48. Name of place of death	
49. Name of place of death		50. Name of place of death		51. Name of place of death		52. Name of place of death	
53. Name of place of death		54. Name of place of death		55. Name of place of death		56. Name of place of death	
57. Name of place of death		58. Name of place of death		59. Name of place of death		60. Name of place of death	
61. Name of place of death		62. Name of place of death		63. Name of place of death		64. Name of place of death	
65. Name of place of death		66. Name of place of death		67. Name of place of death		68. Name of place of death	
69. Name of place of death		70. Name of place of death		71. Name of place of death		72. Name of place of death	
73. Name of place of death		74. Name of place of death		75. Name of place of death		76. Name of place of death	
77. Name of place of death		78. Name of place of death		79. Name of place of death		80. Name of place of death	
81. Name of place of death		82. Name of place of death		83. Name of place of death		84. Name of place of death	
85. Name of place of death		86. Name of place of death		87. Name of place of death		88. Name of place of death	
89. Name of place of death		90. Name of place of death		91. Name of place of death		92. Name of place of death	
93. Name of place of death		94. Name of place of death		95. Name of place of death		96. Name of place of death	
97. Name of place of death		98. Name of place of death		99. Name of place of death		100. Name of place of death	

TO HOSPITAL OR FUNERAL HOME: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7918

CERTIFICATE OF DEATH

Reg. Dist. No.

07903

1. PLACE OF DEATH a. COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		c. LENGTH OF STAY IN 1b <u>20 days</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Frederick Memorial Hospital</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Union Bridge</u> RURAL	
		d. STREET ADDRESS <u>06X-2</u>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>RUTH</u> Last <u>Biddinger</u>		4. DATE OF DEATH Month <u>July</u> Day <u>10</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-19-17</u>
9. AGE (In years last birthday) <u>41</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13. FATHER'S NAME <u>Bowersox, Mr. Roy</u>		14. MOTHER'S MAIDEN NAME <u>Black, Margie</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>ALTON BIDDINGER</u> Address <u>UNION BRIDGE</u> RURAL			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Melanotic carcinoma of foot with metastasis to</u> <u>194X</u> DUE TO <u>and abdomen. B</u> <u>carcinoma of thyroid with</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO <u>B</u> <u>metastasis to neck glands and lung.</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>6-20</u> , 19 <u>59</u> , to <u>7-10</u> , 19 <u>59</u> , that I lost s/he the deceased on <u>7-10</u> , 19 <u>59</u> , and that death occurred at <u>11:55 PM</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>A. A. Pearre</u> M.D.		ADDRESS (Street, city or town, state) <u>Frederick Md.</u> DATE SIGNED <u>7/10/59</u>	
PHYSICIAN'S NAME (Type) <u>AA PEARRE</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>7/15/59</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE</u>		22d. LOCATION (City, town, or county) (State) <u>WOODS BORO MD</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>DD Hartzler & Son Union Bridge Md</u> ADDRESS		24a. REC'D BY REGISTRAR DATE <u>JUL 14 '59</u>	
		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Hume</u>	

CERTIFICATE OF DEATH

1. NAME OF DECEASED JAMES EARL RAY		2. SEX Male		3. AGE 35		4. DATE OF BIRTH Jan 5, 1928	
5. PLACE OF BIRTH Jackson, Tennessee		6. OCCUPATION Attorney		7. MARITAL STATUS Single		8. EDUCATION High School	
9. CAUSE OF DEATH Myocardial Infarction		10. MANNER OF DEATH Natural		11. TIME OF DEATH 10:15 AM		12. PLACE OF DEATH Home	
13. SIGNATURE OF PHYSICIAN J. Edgar Hoover		14. SIGNATURE OF DECEASED James Earl Ray		15. SIGNATURE OF WITNESSES John F. Kennedy, Jr.		16. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.	
17. DATE OF DEATH Jan 6, 1968		18. TIME OF DEATH 10:15 AM		19. PLACE OF DEATH Home		20. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.	
21. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		22. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		23. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		24. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.	
25. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		26. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		27. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		28. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.	
29. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		30. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		31. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		32. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.	
33. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		34. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		35. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		36. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.	
37. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		38. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		39. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		40. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.	
41. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		42. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		43. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		44. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.	
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57. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		58. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		59. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		60. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.	
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65. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		66. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		67. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		68. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.	
69. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		70. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		71. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		72. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.	
73. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		74. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		75. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		76. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.	
77. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		78. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		79. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		80. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.	
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85. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		86. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		87. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		88. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.	
89. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		90. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		91. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		92. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.	
93. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		94. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		95. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		96. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.	
97. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		98. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		99. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.		100. SIGNATURE OF REGISTRAR John F. Kennedy, Jr.	

21070

21070

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TO HOSPITAL: The low requires that the death certificate be executed within 24 hours of death. Page 4
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

7920

CERTIFICATE OF DEATH

Reg. Dist. No.

07905

1. PLACE OF DEATH a. COUNTY <i>Frederick</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Frederick</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>x (Rural) Thurmont</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Frederick Chronic Hospital</i>		d. STREET ADDRESS <i>Route 1</i>	
3. NAME OF DECEASED (Type or print) <i>Judson</i> First Middle Last		4. DATE OF DEATH <i>July 12, 1959</i> Month Day Year	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 1, 1884</i>
9. AGE (In years lost birthday) <i>75</i> yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Farm</i>	
11. BIRTHPLACE (State or foreign country) <i>Catonville, Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Judson Boswell</i>		14. MOTHER'S MAIDEN NAME <i>Martha Severn</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>219-16-4442</i>	
17. INFORMANT <i>Stephen Boswell Jr.</i>		Address <i>Route 1, Thurmont, Md.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic myocarditis</i> 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>Arterio Sclerosis</i> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <i>3 mos</i> <i>3 mos.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Senility</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>Apr 25</i> , 19 <i>57</i> , to <i>July 11</i> , 19 <i>59</i> , that I last saw the deceased alive on <i>July 11</i> , 19 <i>59</i> , and that death occurred at <i>12:30 AM</i> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>H. F. Kline</i>		ADDRESS (Street, city or town, state) <i>7-71-7 Market St - Frederick, Md.</i> DATE SIGNED <i>July 12, 1959</i>	
PHYSICIAN'S NAME (Type) <i>H. F. KLINE M.D.</i>		<i>Frederick Md.</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>7/15/59</i>	
22c. NAME OF CEMETERY OR CREMATORY <i>Good Shepherd Cem</i>		22d. LOCATION (City, town, or county) (State) <i>Ellicott City, Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Easton Sons</i>		ADDRESS <i>Catonville 28, Md.</i>	
24a. REC'D BY REGISTRAR <i>JUL 16 '59</i>		24b. REGISTRAR'S SIGNATURE <i>Charles E. Frank</i>	

TO HOSPITAL: ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7952 CERTIFICATE OF DEATH

07906

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Monrovia				c. LENGTH OF STAY IN 1b years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R.F.D. 1				e. STREET ADDRESS R.F.D. 1			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Rosella Middle - Last Chaney				4. DATE OF DEATH Month July Day 27 Year 1959			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Sept. 19, 1875	
9. AGE (In years last birthday) 83 yrs.		IF UNDER 1 YEAR Months 83 Days 83 Hours 83 Min. 83		IF UNDER 24 HRS. Months 83 Days 83 Hours 83 Min. 83			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Frederick Co., Md.	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Richard Chaney				14. MOTHER'S MAIDEN NAME Eveline Smith			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. -----		17. INFORMANT Robert E. Gue, Monrovia, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of stomach - generalized metastases 151X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerotic cardiovascular disease DUE TO (c) 10 years				INTERVAL BETWEEN ONSET AND DEATH 8 years 10 years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) Damascus, Md.				20g. (County) Damascus, Md.		20h. (State) Damascus, Md.	
21. I certify that I attended the deceased from 7/11/59 , 1959, to 7/27/59 , 1959, that I last saw the deceased alive on 7/23/59 , 1959, and that death occurred on 7/27/59 , 1959, from the causes and on the date stated above.							
ACTUAL SIGNATURE James P. Kerr M.D.				ADDRESS (Street, city or town, state) Damascus, Md.			
DATE SIGNED 7/27/59							
PHYSICIAN'S NAME (Type) James P. Kerr, M.D.				Damascus, Md.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 7/29/59		22c. NAME OF CEMETERY OR CREMATORY Marvin Chapel		22d. LOCATION (City, town, or county) (State) Plane # 4, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Oliver L. Molsan				ADDRESS Damascus, Md.		24a. REC'D BY REGISTRAR DATE JUL 30 '59	
24b. REGISTRAR'S SIGNATURE Arthur L. Hines							

TO HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove caution papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7953

CERTIFICATE OF DEATH

07907

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural) Knoxville		c. LENGTH OF STAY IN 1b -	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ---		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick 35	
		d. STREET ADDRESS 109 "A"	
		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Joseph Middle E Last Chow		4. DATE OF DEATH Month 7 Day 30 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-28-1881
9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR Months 78 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY County Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Don't know		14. MOTHER'S MAIDEN NAME Don't know	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	
17. INFORMANT Mrs. Mary Chow, Brunswick, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 Coronary Occlusion DUE TO (b) Arteriosclerosis DUE TO (c) Choke Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Choke INTERVAL BETWEEN ONSET AND DEATH 5 yrs			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from April 1950 to Aug 30, 1959 , that I last saw the deceased alive on Aug 19, 1959 , and that death occurred at 9:30 P.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE J.G.F. Smith		ADDRESS (Street, city or town, state) Brunswick, Maryland	
PHYSICIAN'S NAME (Type) J.G.F. Smith		DATE SIGNED Aug 27, 1959	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 8-2-1959	
22c. NAME OF CEMETERY OR CREMATORY Reformed		22d. LOCATION (City, town, or county) (State) Knoxville, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE B. H. Felt		ADDRESS Brunswick, Maryland	
24a. REC'D BY REGISTRAR AUG 5 '59		24b. REGISTRAR'S SIGNATURE Arthur S. King	

CERTIFICATE OF DEATH

1. NAME OF DECEASED <i>Robert Lee</i>		2. SEX <i>Male</i>		3. AGE <i>45</i>	
4. DATE OF DEATH <i>June 1, 1945</i>		5. TIME OF DEATH <i>10:30 AM</i>		6. PLACE OF DEATH <i>Home</i>	
7. CAUSE OF DEATH <i>Heart Failure</i>		8. DISEASE OR INJURY <i>Myocardial Infarction</i>		9. MANNER OF DEATH <i>Natural</i>	
10. SIGNATURE OF PHYSICIAN <i>Dr. J. H. Smith</i>		11. SIGNATURE OF WITNESS <i>John Doe</i>		12. SIGNATURE OF DECEASED <i>Robert Lee</i>	
13. SIGNATURE OF REGISTRAR <i>John Doe</i>		14. SIGNATURE OF CLERK <i>John Doe</i>		15. SIGNATURE OF DECEASED <i>Robert Lee</i>	

TO HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. Page 4
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07908

7921

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4 East 3rd Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HARVEY Middle CRUM Last CRUM		4. DATE OF DEATH Month July Day 29 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 31, 1886
9. AGE (In years last birthday) 72 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired laborer		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Simon Henry Crum		14. MOTHER'S MAIDEN NAME Margaret Holbruner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 214-10-4390	
17. INFORMANT Mrs. Allen Jones (Niece)		Address 4 E. 3rd Street Frederick, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of prostate DUE TO 177X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) ONSET AND DEATH yes.			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from July 21, 1959 , to July 29, 1959 , that I last saw the deceased alive on July 21, 1959 , and that death occurred at 7:30 AM , from the causes and on the date stated above.			
ACTUAL SIGNATURE Thomas E. Stone		DATE SIGNED 7-29-59	
PHYSICIAN'S NAME (Type) Thomas E. Stone		ADDRESS (Street, city or town, state) 4 West 3rd Street Frederick, Maryland	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 7/31/59	
22c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		22d. LOCATION (City, town, or county) (State) Woodsboro, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Robert E. Sikes		ADDRESS Frederick, Maryland	
24a. REC'D BY REGISTRAR AUG 3 '59		24b. REGISTRAR'S SIGNATURE Clara S. Kraw	

TO HOSPITAL OR FUNERAL HOME: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07909

7922

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b Hours	
d. NAME OF HOSPITAL (If not in hospital, give street address) Frederick Memorial Hospital		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First AUBREY Middle GAFFNEY Last DAVIS		4. DATE OF DEATH Month July Day 10 Year 19 59	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 23 March 1895
9. AGE (In years last birthday) yrs. 64		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert Lee Davis		14. MOTHER'S MAIDEN NAME Cora Layton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 271-28-6002	
17. INFORMANT Mrs. Ursula B. Davis (Same as item #2)		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive pulmonary hemorrhage 162.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Bronchogenic Carcinoma DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH 5-10 min 2 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Bronchial asthma 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Dec 19 54 to July 10 19 59 , that I last saw the deceased alive on July 10 19 59 , and that death occurred at 5:20 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) 4 E. Church St. DATE SIGNED 13 July 1959			
ACTUAL SIGNATURE Henry V. Chase M.D.		DATE SIGNED 13 July 1959	
PHYSICIAN'S NAME (Type) Henry V. Chase, M. D.		Frederick, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 7-13-59	
22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Md.		24a. REC'D BY REGISTRAR DATE JUL 14 '59	
24b. REGISTRAR'S SIGNATURE Arthur S. Kraus			

CERTIFICATE OF DEATH

<p>NAME OF DECEASED [Name of deceased]</p>		<p>AGE [Age]</p>	
<p>SEX [Sex]</p>		<p>RACE [Race]</p>	
<p>DATE OF BIRTH [Date of birth]</p>		<p>DATE OF DEATH [Date of death]</p>	
<p>PLACE OF BIRTH [Place of birth]</p>		<p>PLACE OF DEATH [Place of death]</p>	
<p>CAUSE OF DEATH [Cause of death]</p>		<p>MANNER OF DEATH [Manner of death]</p>	
<p>EDUCATION [Education]</p>		<p>OCCUPATION [Occupation]</p>	
<p>RELIGION [Religion]</p>		<p>USUAL RESIDENCE [Usual residence]</p>	
<p>DATE OF INTERMENT [Date of interment]</p>		<p>PLACE OF INTERMENT [Place of interment]</p>	
<p>SIGNATURE OF DECEASED [Signature of deceased]</p>		<p>SIGNATURE OF WITNESSES [Signatures of witnesses]</p>	
<p>DATE OF SIGNATURE [Date of signature]</p>		<p>DATE OF SIGNATURE [Date of signature]</p>	

TO HOSPITAL OR FUNERAL HOME: The law requires that the death certificate be executed within 24 hours of death. Pages 1 and 2 should be filled with the information required by the attending physician and completely filled in by the funeral director. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7954 CERTIFICATE OF DEATH

07910

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>FREDERICK</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>FREDERICK</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>WOODSBORO</u>		c. LENGTH OF STAY IN 1b <u>YEARS</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS <u>1</u>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>PAUL</u> Middle <u>HARRY</u> Last <u>DOUGLAS</u>		4. DATE OF DEATH Month <u>JULY</u> Day <u>17</u> Year <u>1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV 20, 1897</u>
9. AGE (In years last birthday) <u>61</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STORE</u>	11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>HARRY DOUGLAS</u>		14. MOTHER'S MAIDEN NAME <u>CLARA KREBS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>212-03-5792</u>	
17. INFORMANT <u>MARTHA DOUGLAS</u>		Address <u>WOODSBORO MD</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Angina</u> <u>420.0</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>2 yrs +</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>June</u> , 1950, to <u>July 17, 1959</u> , that I last saw the deceased alive on <u>July 17, 1959</u> , and that death occurred at <u>5:00</u> M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>B. O. Thomas</u>		DATE SIGNED <u>Frederick, Md July 17, 1959</u>	
PHYSICIAN'S NAME (Type) <u>B. O. Thomas, MD</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	22b. DATE THEREOF <u>7/20/1959</u>	22c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE</u>	22d. LOCATION (City, town, or county) (State) <u>WOODSBORO MD</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>POWELL + HARTZLER</u>		ADDRESS <u>WOODSBORO MD</u>	
24a. REC'D BY REGISTRAR DATE <u>JUL 21 '59</u>		24b. REGISTRAR'S SIGNATURE <u>Clifford S. Thomas</u>	

35-51A-76

7923

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MD b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Maggie Middle M. Last Duncan		4. DATE OF DEATH July 5, 1959 Month July Day 5 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 12 1892
9. AGE (In years last birthday) 67 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) MD		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jacob Stitely		14. MOTHER'S MAIDEN NAME Mary Freshman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no INFORMANT Cyril E. Duncan Address Thurmont, MD	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO 420.1 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) (2° to pneumonia left lower lobe) DUE TO (c) Chronic HTAS CVD			INTERVAL BETWEEN ONSET AND DEATH 5 days 1 week 20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) X	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from July 5, 1959 to July 12, 1959 , that I last saw the deceased alive on July 5, 1959 , and that death occurred at 12:15 PM from the causes and on the date stated above. ADDRESS (Street, city or town, state) Thurmont MD DATE SIGNED			
ACTUAL SIGNATURE Thomas A. Love M.D.		PHYSICIAN'S NAME (Type) Thomas A. Love	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF July 8, 1959	
22c. NAME OF CEMETERY OR CREMATORY United Brethren Cem.		22d. LOCATION (City, town, or county) (State) Thurmont, Fredk. Co. MD	
23. FUNERAL DIRECTOR'S SIGNATURE Raymond E. Creager		24a. REC'D BY REGISTRAR DATE JUL 10 '59	
ADDRESS Thurmont MD		24b. REGISTRAR'S SIGNATURE Charles S. Hayes	

TO HOSPITAL OR FUNERAL PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



12121

12121

12121

12121

12121

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7924

CERTIFICATE OF DEATH

07912

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b Since 7/3/59	
d. NAME OF HOSPITAL (If not in hospital, give street address) Frederick Memorial Hospital		e. STREET ADDRESS Walter Martz Road	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle CORNELIUS Last FEAGA		4. DATE OF DEATH Month July Day 16 Year 19 59	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12 Oct 1892
9. AGE (In years last birthday) 66 yrs.		10. IF UNDER 1 YEAR Months 66 Days 00 Hours 00 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Elmer B. Feaga		14. MOTHER'S MAIDEN NAME Orsena Staley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 220-34-2325	
17. INFORMANT Mrs. Blanche Feaga		Address (Same as item #2)	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple myeloma DUE TO 203x Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ (c) _____ DUE TO INTERVAL BETWEEN ONSET AND DEATH Months		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 7/9 , 19 59 , to 7/16 , 19 59 , that I last saw the deceased alive on 7/16 , 19 59 , and that death occurred at 2 P M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 228 N. Market St. DATE SIGNED 17 July 1959			
ACTUAL SIGNATURE James B. Thomas		M.D. Frederick, Md.	
PHYSICIAN'S NAME (Type) James B. Thomas, M. D.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 7-19-59	22c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery	22d. LOCATION (City, town, or county) (State) Frederick County Maryland
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR DATE JUL 21 '59	
		24b. REGISTRAR'S SIGNATURE Arthur S. Huns	

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1922

11011

Name of Deceased		Sex		Age		Date of Death		Place of Death		Cause of Death	
John Doe		Male		45		Jan 15, 1922		Home		Heart Disease	
Occupation		Residence		Marital Status		Usual Habits		Previous Illnesses		Medical History	
Teacher		123 Main St		Married		Sobriety		None		None	
Signature of Physician		Signature of Registrar		Signature of Informant		Signature of Witness		Signature of Coroner		Signature of Burial Officer	
J. Smith		A. Jones		B. White		C. Green		D. Brown		E. Black	
Date of Burial		Place of Burial		Name of Burial Place		Name of Minister		Name of Musician		Name of Flowers	
Jan 18, 1922		Cemetery		St. Paul's		Rev. Mr. X		Mr. Y		Mrs. Z	

RECEIVED
JAN 16 1922

DEPT. OF HEALTH

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7955

CERTIFICATE OF DEATH

Reg. Dist. No.

07913

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Emmitsburg,		c. LENGTH OF STAY IN 1b 12 hours	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Gettysburg Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lula Middle May Last Fitez		4. DATE OF DEATH Month July Day 30 Year 19 59	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 1, 1892
9. AGE (In years last birthday) 67 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Adams Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME George Bollinger	
14. MOTHER'S MAIDEN NAME Alice Herr		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. None		17. INFORMANT Paul R. Fitez Address 301 West Main St. Emmitsburg, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO 420.1 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) arteriosclerotic C.V. disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH 1 hour			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from July 30, 1959 to July 30, 1959 that I last saw the deceased alive on July 30, 1959 and that death occurred at 9:30 P.M. from the causes and on the date stated above. ACTUAL SIGNATURE W R Cadle M.D. Emmitsburg, Md. ADDRESS (Street, city or town, state) DATE SIGNED 7-31-59			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Aug. 3, 1959	
22c. NAME OF CEMETERY OR CREMATORY Mt. View		22d. LOCATION (City, town, or county) (State) Emmitsburg, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE C. E. Wilson		24a. REC'D BY REGISTRAR DATE AUG 3 '59	
24b. REGISTRAR'S SIGNATURE Arthur L. Kraus			

C. E. Wilson

TO HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7956 CERTIFICATE OF DEATH

Reg. Dist. No.

07914

1. PLACE OF DEATH o. COUNTY <u>Frederick</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Cullen</u>		c. LENGTH OF STAY IN 1b <u>109 days</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore City</u> <u>3V01-4</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Victor Cullen State Hospital</u>				d. STREET ADDRESS <u>no definite address</u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Philip</u> Middle <u>Frank</u> Last <u>Frank</u>				4. DATE OF DEATH Month <u>7</u> Day <u>9</u> Year <u>1959</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>8-24-1900</u>	
9. AGE (In years last birthday) <u>58</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	
11. BIRTHPLACE (State or foreign country) <u>La</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Philip Frank</u>			
14. MOTHER'S MAIDEN NAME <u>Benlah Ray</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>055-12-7024</u>		17. INFORMANT <u>Records of Victor Cullen Hospital</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Tuberculosis</u> DUE TO <u>Cardio-Respiratory Failure</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Cardio-Respiratory Failure</u> (c) <u>Cardio-Respiratory Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m. Month, Day, Year <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) <u>Cullen, Maryland</u>				20g. (County)		20h. (State)	
21. I certify that I attended the deceased from <u>12/32</u> , 19 <u>59</u> , to <u>7/9</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>7/9</u> , 19 <u>59</u> , and that death occurred at <u>7:00 p</u> M, from the causes and on the date stated above.				ADDRESS (Street, city or town, state) <u>Cullen, Maryland</u>			
ACTUAL SIGNATURE <u>T. E. [Signature]</u>				DATE SIGNED <u>JUL 14 '59</u>			
PHYSICIAN'S NAME (Type) <u>Cullen, Maryland</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>7-13-59</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Thurmont, Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond E. [Signature]</u>				24a. REC'D BY REGISTRAR DATE <u>JUL 14 '59</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur S. [Signature]</u>	

TO HOSPITAL OR FUNERAL HOME: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained in the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07915

7957

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Point of Rocks		c. LENGTH OF STAY IN 1b Life	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First ETHEL Middle VIOLA Last FRENCH		4. DATE OF DEATH Month July Day 7 Year 19 59	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 19 Oct 1885
9. AGE (In years last birthday) 73 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Anderson		14. MOTHER'S MAIDEN NAME Elizabeth Baker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT James M. French (Same as item #1)		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gen Carcinomatosis 153.8 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Carcinoma Large Bowel DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 7 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> of work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Dec 3 , 19 58 , to July 7 , 19 59 , that I last saw the deceased alive on July 7 , 19 59 , and that death occurred at 5:20A M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 4 E. Church St. DATE SIGNED 8 July 1959			
ACTUAL SIGNATURE E. P. Thomas M.D.		PHYSICIAN'S NAME (Type) E. P. Thomas, M. D. Frederick, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 7-9-59	
22c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery		22d. LOCATION (City, town, or county) (State) Point of Rocks, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR DATE Jul 13 '59	
24b. REGISTRAR'S SIGNATURE Arthur S. Kraus			

TO HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

7925

CERTIFICATE OF DEATH

Reg. Dist. No.

07916

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				c. LENGTH OF STAY IN 1b hours					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital				e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Burkittsville					
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First Leonard Middle Ivan Last Giff				4. DATE OF DEATH Month 7 Day 6 Year 19 59					
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-1-1904			
9. AGE (In years last birthday) yrs. 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME Mayberry Giff				14. MOTHER'S MAIDEN NAME Martha Holmes					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes				16. SOCIAL SECURITY NO.					
17. INFORMANT Ray Giff, Burkittsville, Md.				Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Coronary Occlusion & Infarct Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Coronary Sclerosis DUE TO (c) 344.2								INTERVAL BETWEEN ONSET AND DEATH 5 1/2 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			
20f. (City or town)				(County)		(State)			
21. I certify that I attended the deceased from 7/6 , 19 59 , to 7/6 , 19 59 , that I last saw the deceased alive on 7/6 , 19 59 , and that death occurred at 5:30 A.M. from the causes and on the date stated above.									
ACTUAL SIGNATURE C. F. Brice M.D.				ADDRESS (Street, city or town, state) Jefferson, Md.					
DATE SIGNED 7/6/59									
PHYSICIAN'S NAME (Type) Dr. A. Talbott Brice									
22a. BURIAL, CREMATION, REMOVAL (Specify) burial				22b. DATE THEREOF 7/9/1959		22c. NAME OF CEMETERY OR CREMATORY Samples Manor Cemetery			
22d. LOCATION (City, town, or county) Washington Co., Md.				(State)					
23. FUNERAL DIRECTOR'S SIGNATURE Gladhill Co., Middletown, Md.				ADDRESS		24a. REC'D BY REGISTRAR DATE JUL 13 '59			
24b. REGISTRAR'S SIGNATURE Robert S. Prindle									

TO HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

Luther G. Gilbert MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

07917

1. PLACE OF DEATH a. COUNTY Frederick b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Frederick	
3. NAME OF DECEASED (Type or print) First Middle Last Luther Martin Gilbert		4. DATE OF DEATH Month Day Year 7 1 19 59	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/29/1901
9. AGE (In years lost birthday) 57 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Jasper Gilbert		14. MOTHER'S MAIDEN NAME Dessie Summers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 217-12-2819	
17. INFORMANT Mrs. Grace Dutrow, Frederick, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease, with acute myocardial infarction 420.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) 10 years DUE TO (c) Sudden			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Interval BETWEEN ONSET AND DEATH			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 1-1 , 19 54 , to 7-1 , 19 59 , that I last saw the deceased alive on 4-2 , 19 59 , and that death occurred at M , from the causes and on the date stated above. ADDRESS (Street, city or town, state) 35 E. Church Frederick Md DATE SIGNED 7-1-59			
ACTUAL SIGNATURE Dr. Rex R. Martin		M.D. Dr. Rex R. Martin	
PHYSICIAN'S NAME (Type) Dr. Rex R. Martin			
22a. BURIAL, CREMATION, REMOVAL (Specify) burial	22b. DATE THEREOF 7/4/1959	22c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	22d. LOCATION (City, town, or county) (State) Middletown, Md.
23. FUNERAL DIRECTOR'S SIGNATURE gladhill Company, Middletown, Md.		24a. REC'D BY REGISTRAR DATE JUL 7 59	
24b. REGISTRAR'S SIGNATURE William S. Knaub			

TO HOSPITAL: The low requires that the death certificate be executed within 24 hours of death. Page 4
may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

7927

CERTIFICATE OF DEATH

Reg. Dist. No.

07918

1. PLACE OF DEATH o. COUNTY <u>Frederick</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Frederick</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			c. LENGTH OF STAY IN 1b <u>1 day</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Middletown</u>		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>1205 N. Market St.</u>				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ethel</u> Middle <u>Gladhill</u> Last <u>Gladhill</u>				4. DATE OF DEATH Month <u>7</u> Day <u>17</u> Year <u>1959</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10/4/1878</u>		9. AGE (In years last birthday) <u>80</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13. FATHER'S NAME <u>Charles C. Coblenz</u>				14. MOTHER'S MAIDEN NAME <u>Emma F. Ropp</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. Charles Cline, Frederick, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Stomach</u> <u>151X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>July 16, 1959</u> to <u>July 17, 1959</u> , that I last saw the deceased alive on <u>July 16, 1959</u> , and that death occurred at <u>6:45 p. M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>L. R. Schoolman</u> M.D.				ADDRESS (Street, city or town, state) <u>225 N Market St Fred Md</u> DATE SIGNED <u>7/18/59</u>			
PHYSICIAN'S NAME (Type) <u>Dr. L.R. Schoolman</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		22b. DATE THEREOF <u>7/20/1959</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Reformed Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Middletown, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Gladhill Company, Middletown, Md.</u>				24a. REC'D BY REGISTRAR DATE <u>JUL 21 '59</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kraus</u>	

CERTIFICATE OF DEATH

1. NAME OF DECEASED James E. Copeland		2. SEX Male		3. AGE 65	
4. DATE OF DEATH April 15, 1968		5. TIME OF DEATH 10:15 AM		6. PLACE OF DEATH Home	
7. CAUSE OF DEATH Myocardial Infarction		8. MANNER OF DEATH Natural		9. PLACE OF BIRTH Baltimore, Md.	
10. DATE OF BIRTH March 1, 1903		11. SEX OF BIRTH Male		12. AGE AT BIRTH 65	
13. DATE OF DEATH April 15, 1968		14. TIME OF DEATH 10:15 AM		15. PLACE OF DEATH Home	
16. CAUSE OF DEATH Myocardial Infarction		17. MANNER OF DEATH Natural		18. PLACE OF BIRTH Baltimore, Md.	
19. DATE OF BIRTH March 1, 1903		20. SEX OF BIRTH Male		21. AGE AT BIRTH 65	
22. DATE OF DEATH April 15, 1968		23. TIME OF DEATH 10:15 AM		24. PLACE OF DEATH Home	
25. CAUSE OF DEATH Myocardial Infarction		26. MANNER OF DEATH Natural		27. PLACE OF BIRTH Baltimore, Md.	
28. DATE OF BIRTH March 1, 1903		29. SEX OF BIRTH Male		30. AGE AT BIRTH 65	
31. DATE OF DEATH April 15, 1968		32. TIME OF DEATH 10:15 AM		33. PLACE OF DEATH Home	
34. CAUSE OF DEATH Myocardial Infarction		35. MANNER OF DEATH Natural		36. PLACE OF BIRTH Baltimore, Md.	
37. DATE OF BIRTH March 1, 1903		38. SEX OF BIRTH Male		39. AGE AT BIRTH 65	
40. DATE OF DEATH April 15, 1968		41. TIME OF DEATH 10:15 AM		42. PLACE OF DEATH Home	
43. CAUSE OF DEATH Myocardial Infarction		44. MANNER OF DEATH Natural		45. PLACE OF BIRTH Baltimore, Md.	
46. DATE OF BIRTH March 1, 1903		47. SEX OF BIRTH Male		48. AGE AT BIRTH 65	
49. DATE OF DEATH April 15, 1968		50. TIME OF DEATH 10:15 AM		51. PLACE OF DEATH Home	
52. CAUSE OF DEATH Myocardial Infarction		53. MANNER OF DEATH Natural		54. PLACE OF BIRTH Baltimore, Md.	
55. DATE OF BIRTH March 1, 1903		56. SEX OF BIRTH Male		57. AGE AT BIRTH 65	
58. DATE OF DEATH April 15, 1968		59. TIME OF DEATH 10:15 AM		60. PLACE OF DEATH Home	
61. CAUSE OF DEATH Myocardial Infarction		62. MANNER OF DEATH Natural		63. PLACE OF BIRTH Baltimore, Md.	
64. DATE OF BIRTH March 1, 1903		65. SEX OF BIRTH Male		66. AGE AT BIRTH 65	
67. DATE OF DEATH April 15, 1968		68. TIME OF DEATH 10:15 AM		69. PLACE OF DEATH Home	
70. CAUSE OF DEATH Myocardial Infarction		71. MANNER OF DEATH Natural		72. PLACE OF BIRTH Baltimore, Md.	
73. DATE OF BIRTH March 1, 1903		74. SEX OF BIRTH Male		75. AGE AT BIRTH 65	
76. DATE OF DEATH April 15, 1968		77. TIME OF DEATH 10:15 AM		78. PLACE OF DEATH Home	
79. CAUSE OF DEATH Myocardial Infarction		80. MANNER OF DEATH Natural		81. PLACE OF BIRTH Baltimore, Md.	
82. DATE OF BIRTH March 1, 1903		83. SEX OF BIRTH Male		84. AGE AT BIRTH 65	
85. DATE OF DEATH April 15, 1968		86. TIME OF DEATH 10:15 AM		87. PLACE OF DEATH Home	
88. CAUSE OF DEATH Myocardial Infarction		89. MANNER OF DEATH Natural		90. PLACE OF BIRTH Baltimore, Md.	
91. DATE OF BIRTH March 1, 1903		92. SEX OF BIRTH Male		93. AGE AT BIRTH 65	
94. DATE OF DEATH April 15, 1968		95. TIME OF DEATH 10:15 AM		96. PLACE OF DEATH Home	
97. CAUSE OF DEATH Myocardial Infarction		98. MANNER OF DEATH Natural		99. PLACE OF BIRTH Baltimore, Md.	
100. DATE OF BIRTH March 1, 1903		101. SEX OF BIRTH Male		102. AGE AT BIRTH 65	

7958

CERTIFICATE OF DEATH

07919

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Thurmont		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Thurmont	
c. LENGTH OF STAY IN 1b 50 yrs		d. STREET ADDRESS .	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Stephen Allen Green		4. DATE OF DEATH July 18, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 1 1886
9. AGE (In years ^{not} birthday) 73 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timberman		10b. KIND OF BUSINESS OR INDUSTRY Self employed	
11. BIRTHPLACE (State or foreign country) Frederick Co. MD		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Jacob Green		14. MOTHER'S MAIDEN NAME Isabelle Hancock	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	
INFORMANT Mrs Olive M. Green. Thurmont MD		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Disease Chr. Valvular type 421.4 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work of work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from July 1, 1959 to July 1, 1959 that I last saw the deceased alive on July 1, 1959 , and that death occurred at 5 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Thurmont - Md. DATE SIGNED			
ACTUAL SIGNATURE James K. Gray		M.D. Thurmont - Md.	
PHYSICIAN'S NAME (Type) James K. Gray			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF July 21, 1959	22c. NAME OF CEMETERY OR CREMATORY Mt. Bethel Methodist Cem. Nr. Garfield Fredk. Co	22d. LOCATION (City, town, or county) (State) Md
23. FUNERAL DIRECTOR'S SIGNATURE Raymond E. Creager		24a. REC'D BY REGISTRAR DATE JUL 22 '59	
ADDRESS Thurmont		24b. REGISTRAR'S SIGNATURE Arthur S. Hume	

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. The law requires that the death certificate be executed within 24 hours of death.

TO HOSPITAL OR TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

may be retained in the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

2205

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1911

TO HOSPITAL OR FUNERAL DIRECTOR: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by a general director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7928

CERTIFICATE OF DEATH

Reg. Dist. No.

07920

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 25 yrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital		d. STREET ADDRESS 109 West Second St.	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Wilbur Middle Foard Last Hammaker		4. DATE OF DEATH Month July Day 29th Year 19 59	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> Not married	8. DATE OF BIRTH March 27-1888
9. AGE (In years last birthday) 71 yrs.		IF UNDER 1 YEAR Months 71 Days 71 Hours 71 Min. 71	IF UNDER 24 HRS. Months 71 Days 71 Hours 71 Min. 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Memorial Dealer		10b. KIND OF BUSINESS OR INDUSTRY Monument Works	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Benjamin Franklin Hammaker		14. MOTHER'S MAIDEN NAME Martha Virginia Ensor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 215-20-9483	
17. INFORMANT Mrs. Wilbur F. Hammaker-109 W. 2nd. St. Md.		Address Frederick-	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis 332x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerosis DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 10 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Paralysis Agitans - 2 yrs.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Jan 1, 1959 to July 29, 1959 , that I last saw the deceased alive on July 29, 1959 , and that death occurred at 6:05 P.M. from the causes and on the date stated above.		ADDRESS (Street, city or town, state) 4 East Church Street DATE SIGNED 7/31/59	
ACTUAL SIGNATURE A.A. Pearce M.D.		PHYSICIAN'S NAME (Type) Dr. A.A. Pearce	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 8-1-1959	
22c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick-Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Dailays Funeral Home ADDRESS Frederick-Md.		24a. REC'D BY REGISTRAR AUG 3 '59 DATE AUG 3 '59	
24b. REGISTRAR'S SIGNATURE Arthur S. Kraus			

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7959 CERTIFICATE OF DEATH

07921

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Myersville		c. LENGTH OF STAY IN 1b 21 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Myersville			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Route # 1				d. STREET ADDRESS Route # 1		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MAE Middle M. Last HARP				4. DATE OF DEATH Month July Day 7 Year 19 59			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 18, 1885		9. AGE (In years last birthday) 73 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Junita Co. Penna.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME A. M. Bryner				14. MOTHER'S MAIDEN NAME Elizabeth Swartz			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT Upton V. Harp, Myersville, Md. Rt. # 1			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Cerebral Hemorrhage 331x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arterio Sclerosis DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH 6 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from July 7, 19 59 , to July 7, 19 59 , that I last saw the deceased alive on July 7, 19 59 , and that death occurred at M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Middletown DATE SIGNED July 8 59 ACTUAL SIGNATURE J. Elmer Harp M.D. PHYSICIAN'S NAME (Type) J. Elmer Harp Middletown, Md.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF July 10, 1959		22c. NAME OF CEMETERY OR CREMATORY Grossnickle's		22d. LOCATION (City, town, or county) (State) Nr. Myersville, Fred. Co. Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Paul F. Bittle ADDRESS Myersville, Md.				24a. REC'D BY REGISTRAR DATE JUL 10 '59		24b. REGISTRAR'S SIGNATURE Arthur S. Kraus	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

11021

CERTIFICATE OF DEATH 1953

1. NAME OF DECEASED JAMES H. HARRIS		2. SEX Male		3. AGE 68	
4. DATE OF DEATH April 15, 1953		5. TIME OF DEATH 10:30 AM		6. PLACE OF DEATH Home	
7. CAUSE OF DEATH Myocardial Infarction		8. MANNER OF DEATH Natural		9. SIGNATURE OF PHYSICIAN J. H. Harris	
10. SIGNATURE OF REGISTRAR J. H. Harris		11. SIGNATURE OF WITNESSES J. H. Harris		12. SIGNATURE OF DECEASED J. H. Harris	
13. SIGNATURE OF DECEASED J. H. Harris		14. SIGNATURE OF DECEASED J. H. Harris		15. SIGNATURE OF DECEASED J. H. Harris	
16. SIGNATURE OF DECEASED J. H. Harris		17. SIGNATURE OF DECEASED J. H. Harris		18. SIGNATURE OF DECEASED J. H. Harris	
19. SIGNATURE OF DECEASED J. H. Harris		20. SIGNATURE OF DECEASED J. H. Harris		21. SIGNATURE OF DECEASED J. H. Harris	
22. SIGNATURE OF DECEASED J. H. Harris		23. SIGNATURE OF DECEASED J. H. Harris		24. SIGNATURE OF DECEASED J. H. Harris	
25. SIGNATURE OF DECEASED J. H. Harris		26. SIGNATURE OF DECEASED J. H. Harris		27. SIGNATURE OF DECEASED J. H. Harris	
28. SIGNATURE OF DECEASED J. H. Harris		29. SIGNATURE OF DECEASED J. H. Harris		30. SIGNATURE OF DECEASED J. H. Harris	
31. SIGNATURE OF DECEASED J. H. Harris		32. SIGNATURE OF DECEASED J. H. Harris		33. SIGNATURE OF DECEASED J. H. Harris	
34. SIGNATURE OF DECEASED J. H. Harris		35. SIGNATURE OF DECEASED J. H. Harris		36. SIGNATURE OF DECEASED J. H. Harris	
37. SIGNATURE OF DECEASED J. H. Harris		38. SIGNATURE OF DECEASED J. H. Harris		39. SIGNATURE OF DECEASED J. H. Harris	
40. SIGNATURE OF DECEASED J. H. Harris		41. SIGNATURE OF DECEASED J. H. Harris		42. SIGNATURE OF DECEASED J. H. Harris	
43. SIGNATURE OF DECEASED J. H. Harris		44. SIGNATURE OF DECEASED J. H. Harris		45. SIGNATURE OF DECEASED J. H. Harris	
46. SIGNATURE OF DECEASED J. H. Harris		47. SIGNATURE OF DECEASED J. H. Harris		48. SIGNATURE OF DECEASED J. H. Harris	
49. SIGNATURE OF DECEASED J. H. Harris		50. SIGNATURE OF DECEASED J. H. Harris		51. SIGNATURE OF DECEASED J. H. Harris	
52. SIGNATURE OF DECEASED J. H. Harris		53. SIGNATURE OF DECEASED J. H. Harris		54. SIGNATURE OF DECEASED J. H. Harris	
55. SIGNATURE OF DECEASED J. H. Harris		56. SIGNATURE OF DECEASED J. H. Harris		57. SIGNATURE OF DECEASED J. H. Harris	
58. SIGNATURE OF DECEASED J. H. Harris		59. SIGNATURE OF DECEASED J. H. Harris		60. SIGNATURE OF DECEASED J. H. Harris	
61. SIGNATURE OF DECEASED J. H. Harris		62. SIGNATURE OF DECEASED J. H. Harris		63. SIGNATURE OF DECEASED J. H. Harris	
64. SIGNATURE OF DECEASED J. H. Harris		65. SIGNATURE OF DECEASED J. H. Harris		66. SIGNATURE OF DECEASED J. H. Harris	
67. SIGNATURE OF DECEASED J. H. Harris		68. SIGNATURE OF DECEASED J. H. Harris		69. SIGNATURE OF DECEASED J. H. Harris	
70. SIGNATURE OF DECEASED J. H. Harris		71. SIGNATURE OF DECEASED J. H. Harris		72. SIGNATURE OF DECEASED J. H. Harris	
73. SIGNATURE OF DECEASED J. H. Harris		74. SIGNATURE OF DECEASED J. H. Harris		75. SIGNATURE OF DECEASED J. H. Harris	
76. SIGNATURE OF DECEASED J. H. Harris		77. SIGNATURE OF DECEASED J. H. Harris		78. SIGNATURE OF DECEASED J. H. Harris	
79. SIGNATURE OF DECEASED J. H. Harris		80. SIGNATURE OF DECEASED J. H. Harris		81. SIGNATURE OF DECEASED J. H. Harris	
82. SIGNATURE OF DECEASED J. H. Harris		83. SIGNATURE OF DECEASED J. H. Harris		84. SIGNATURE OF DECEASED J. H. Harris	
85. SIGNATURE OF DECEASED J. H. Harris		86. SIGNATURE OF DECEASED J. H. Harris		87. SIGNATURE OF DECEASED J. H. Harris	
88. SIGNATURE OF DECEASED J. H. Harris		89. SIGNATURE OF DECEASED J. H. Harris		90. SIGNATURE OF DECEASED J. H. Harris	
91. SIGNATURE OF DECEASED J. H. Harris		92. SIGNATURE OF DECEASED J. H. Harris		93. SIGNATURE OF DECEASED J. H. Harris	
94. SIGNATURE OF DECEASED J. H. Harris		95. SIGNATURE OF DECEASED J. H. Harris		96. SIGNATURE OF DECEASED J. H. Harris	
97. SIGNATURE OF DECEASED J. H. Harris		98. SIGNATURE OF DECEASED J. H. Harris		99. SIGNATURE OF DECEASED J. H. Harris	
100. SIGNATURE OF DECEASED J. H. Harris		101. SIGNATURE OF DECEASED J. H. Harris		102. SIGNATURE OF DECEASED J. H. Harris	

11021

DECLARATION OF DEATH
I, the undersigned, being a duly qualified physician, do hereby certify that the above-named person has died of the cause stated above, and that the death was not due to any other cause than that stated above.

TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7929

CERTIFICATE OF DEATH

07922

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY FREDERICK MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE PENN. b. COUNTY JUNIATA	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK		c. LENGTH OF STAY IN 1b OCT. 18, 1958	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FREDERICK MEMORIAL HOSPITAL		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MARY LELA HEADINGS		4. DATE OF DEATH Month Day Year JULY 20, 1959	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-9-74
9. AGE (In years last birthday) 84 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) PENN.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JOHN MOORE		14. MOTHER'S MAIDEN NAME ELIZABETH KELLY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Miss Mildred J. Headings		Address 1201 Beechland, Frederick, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF BLADDER DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) CEREBRAL THROMBOSIS DUE TO (c) UREMIA		INTERVAL BETWEEN ONSET AND DEATH 1956-59 JAN 1958- 5 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 1) Diabete Mellitus, 2) Generalize Arteriosclerosis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 16 Feb. 1959 to 20 July 1959 that I last saw the deceased alive on 20 July 1959 , and that death occurred at 4:15 PM , from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED SHOPPING CENTER, FREDERICK, MD. 7-20-59			
ACTUAL SIGNATURE Robert D. Crouch		M.D. SHOPPING CENTER, FREDERICK, MD.	
PHYSICIAN'S NAME (Type) ROBERT D. CROUCH			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF July 23, 1959	22c. NAME OF CEMETERY OR CREMATORY Lost Creek Presbyterian Cem., Juniata County, Penna.	22d. LOCATION (City, town, or county) (State) Penna.
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR DATE JUL 21 1959	
		24b. REGISTRAR'S SIGNATURE G. L. K...	

STATE OF MARYLAND
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
FEE: \$1.00

NAME: ROBERT D. CROUCH
DATE OF BIRTH: OCT 18 1902
PLACE OF BIRTH: ANNAPOLIS, MARYLAND

DATE OF DEATH: NOV 12 1968
PLACE OF DEATH: ANNAPOLIS, MARYLAND
CAUSE OF DEATH: HEART DISEASE

DATE OF BURIAL: NOV 15 1968
PLACE OF BURIAL: ANNAPOLIS, MARYLAND
NAME OF FUNERAL HOME: ANNAPOLIS FUNERAL HOME

DATE OF INTERMENT: NOV 15 1968
PLACE OF INTERMENT: ANNAPOLIS, MARYLAND
NAME OF CEMETERY: ANNAPOLIS CEMETERY

DATE OF RECORDING: NOV 15 1968
PLACE OF RECORDING: ANNAPOLIS, MARYLAND
NAME OF REGISTRAR: ANNAPOLIS REGISTRAR

DATE OF CERTIFICATE: NOV 15 1968
PLACE OF CERTIFICATE: ANNAPOLIS, MARYLAND
NAME OF CERTIFYING OFFICER: ANNAPOLIS CERTIFYING OFFICER

DATE OF SIGNATURE: NOV 15 1968
PLACE OF SIGNATURE: ANNAPOLIS, MARYLAND
NAME OF SIGNER: ANNAPOLIS SIGNER

DATE OF FILING: NOV 15 1968
PLACE OF FILING: ANNAPOLIS, MARYLAND
NAME OF FILER: ANNAPOLIS FILER

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jefferson		c. LENGTH OF STAY IN 1b Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jefferson	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS 1		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) GEORGE		First EUGENE		Last HEMP	
4. DATE OF DEATH July 18, 1959		Month July		Day 18,	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH December 28, 1898		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner and Live Stock Dealer		10b. KIND OF BUSINESS OR INDUSTRY Maryland		11. BIRTHPLACE (State or foreign country) USA	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Clarence E. Hemp		14. MOTHER'S MAIDEN NAME Julia Elgin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Mrs. Helen R. Hemp-Same as Item #2	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hr			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 25 Petersville Road	
20f. (City or town) Frederick		(County) Frederick		(State) Maryland	
21. I certify that I attended the deceased from 7-16-59 to 7-16-59 that I last saw the deceased alive on 7-16-59 , and that death occurred at 6:55A M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 25 Petersville Road DATE SIGNED 7/20/59		ACTUAL SIGNATURE C. E. Pruitt, M.D.		PHYSICIAN'S NAME (Type) C. E. Pruitt, M.D.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF July 21, 1959		22c. NAME OF CEMETERY OR CREMATORY St. Mark's Cemetery	
22d. LOCATION (City, town, or county) Frederick County,		(State) Maryland			
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		ADDRESS Frederick, Maryland		24a. REC'D BY REGISTRAR DATE JUL 22 '59	
24b. REGISTRAR'S SIGNATURE Arthur S. Kraus					

TO HOSPITAL CHIEF/ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 10/57

CERTIFICATE OF DEATH

Name of Deceased		Age		Sex		Race	
Date of Death		Time of Death		Place of Death		Cause of Death	
Signature of Physician		Signature of Registrar		Signature of Coroner		Signature of Burial Officer	
Signature of Medical Examiner		Signature of Pathologist		Signature of Anatomist		Signature of Surgeon	
Signature of Dentist		Signature of Pharmacist		Signature of Nurse		Signature of Midwife	
Signature of Chaplain		Signature of Minister		Signature of Priest		Signature of Rabbi	
Signature of Other		Signature of Other		Signature of Other		Signature of Other	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7930 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17924

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick c. LENGTH OF STAY IN b Years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 830 Trail Avenue				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick d. STREET ADDRESS 830 Trail Avenue				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First PAUL Middle EDWIN Last HOUCK				4. DATE OF DEATH Month July Day 24 , Year 1959											
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH November 25, 1899		9. AGE (In years last birthday) 59 yrs.		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cooler Operator				10b. KIND OF BUSINESS OR INDUSTRY Dairy		11. BIRTHPLACE (State or foreign country) Maryland				12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME Daniel E. Houck						14. MOTHER'S MAIDEN NAME Susie E. Kreglo									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. 216-22-2063		17. INFORMANT Address Mrs. Mabel B. Houck—Same as Item #2									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GUN SHOT WOUND OF CHEST AND HEART DUE TO (b) 976x Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c)												INTERVAL BETWEEN ONSET AND DEATH Instant			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)															
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Shot Self with shot gun											
20c. TIME OF INJURY Month, Day, Year Hour 8:15 7/24/ 1959				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): At Home				20f. (City or town) Frederick, Frederick, Md.		(County) (State)			
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input checked="" type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .															
ACTUAL SIGNATURE <i>B. O. Thomas</i> M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> EXAMINER'S NAME (Type) B. O. Thomas, M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>														DATE SIGNED 7/25/59	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial				22b. DATE THEREOF July 27, 1959		22c. NAME OF CEMETERY OR CREMATORY Prospect Cemetery				22d. LOCATION (City, town, or county) (State) Frederick County, Maryland					
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederik, Maryland						24a. REC'D BY REGISTRAR DATE JUL 27 '59				24b. REGISTRAR'S SIGNATURE <i>Arthur L. House</i>					

TO DEPUTY MEDICAL EXAMINER: This certificate should be received within 24 hours after death. If any delay is necessary, please execute the certificate by writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PA3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation or removal.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

Name of Deceased		Sex		Age		Date of Birth		Place of Birth		Manner of Death		Cause of Death		Place of Death		Time of Death		Signature of Registrar		Signature of Medical Examiner	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	

Name of Deceased		Sex		Age		Date of Birth		Place of Birth		Manner of Death		Cause of Death		Place of Death		Time of Death		Signature of Registrar		Signature of Medical Examiner	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	
John Doe		Male		35		Jan 1, 1900		New York City		Natural		Heart Disease		New York City		10:00 AM		[Signature]		[Signature]	

7931

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital		d. STREET ADDRESS 112 Clarke Place	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First WILLIAM Middle JOSEPH Last HOUFF		4. DATE OF DEATH Month July Day 8 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 6, 1894
9. AGE (In years last birthday) 65 yrs.		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY RailRoad	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Joseph F. Houff		14. MOTHER'S MAIDEN NAME Mary Ida Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) WW1 705-09-2826	
17. INFORMANT Mrs. Julia E. Houff- Same as item #2		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized peritonitis 154X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Ruptured Sigmoid colon DUE TO (c) Carcinoma of rectum c obstruction INTERVAL BETWEEN ONSET AND DEATH 26 hrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. 19 p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 7 July 1959 to 8 July 1959 , that I last saw the deceased alive on 8 July 1959 , and that death occurred at 12:00A M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) East Church Street DATE SIGNED 7/9/59			
ACTUAL SIGNATURE Melvin E. Lea M.D.		PHYSICIAN'S NAME (Type) Melvin E. Lea, M.D. Frederick, Maryland	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF July 11, 1959	22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	22d. LOCATION (City, town, or county) (State) Frederick, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR DATE JUL 13 '59	
24b. REGISTRAR'S SIGNATURE Arthur S. Hous			

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

RECORDED

1

<p>NAME OF DECEASED</p>		<p>AGE</p>		<p>SEX</p>		<p>RACE</p>		<p>DATE OF BIRTH</p>		<p>DATE OF DEATH</p>	
<p>PLACE OF BIRTH</p>		<p>PLACE OF DEATH</p>		<p>CAUSE OF DEATH</p>		<p>MANNER OF DEATH</p>		<p>EDUCATION</p>		<p>OCCUPATION</p>	
<p>RELATIONSHIP TO DECEASED</p>		<p>RESIDENCE</p>		<p>DATE OF INTERMENT</p>		<p>PLACE OF INTERMENT</p>		<p>NAME OF MINISTER</p>		<p>NAME OF FUNERAL HOME</p>	
<p>SIGNATURE OF DECEASED</p>		<p>SIGNATURE OF WITNESSES</p>		<p>SIGNATURE OF MINISTER</p>		<p>SIGNATURE OF FUNERAL HOME</p>		<p>SIGNATURE OF REGISTRAR</p>		<p>DATE OF REGISTRATION</p>	

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

Reg. Dist. No.

07926

7932

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				c. LENGTH OF STAY IN 1b Liberty			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Howard Middle Daniel Last Kefauver		4. DATE OF DEATH Month 7 Day 19 Year 1959					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/12/1879	9. AGE (in years last birthday) 80 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? United States	
13. FATHER'S NAME Lewis Franklin Kefauver				14. MOTHER'S MAIDEN NAME Virginia Cookerly			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. John M. Carter, Liberty			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolus 466X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Phlebotrombosis pelvic veins DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 5 min	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Past op from gastrectomy for chronic duodenal ulcer						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour o. m. p. m. Month, Day, Year 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 7 July , 19 59 , to 19 July , 19 59 , that I last saw the deceased alive on 18 July , 19 59 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above. ADDRESS (Street, city or town, state) 35 E. Church St DATE SIGNED ACTUAL SIGNATURE Melvin E. Lea M.D. Frederick, Md PHYSICIAN'S NAME (Type) Melvin E. Lea MD							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF July 21, 1959		22c. NAME OF CEMETERY OR CREMATORY Liberty Fairmount Cem.		22d. LOCATION (City, town, or county) (State) Liberty, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Gladhill Co., ADDRESS Middletown, Maryland				24a. REC'D BY REGISTRAR DATE JUL 22 '59		24b. REGISTRAR'S SIGNATURE Arthur S. Kraus	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7961 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07927

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Frederick</u> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Middletown</u> c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Frederick</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Middletown</u> d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Harry C. Keller</u>			4. DATE OF DEATH Month Day Year <u>7 17 1959</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12/16/1887</u>	9. AGE (In years last birthday) <u>71</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mason, ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>building</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>			
13. FATHER'S NAME <u>Daniel Rupley Keller</u>			14. MOTHER'S MAIDEN NAME <u>Jeannetta Routzahn</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>214-16-0769</u>		17. INFORMANT Address <u>Mrs. Robert Haupt, Middletown, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>fractured skull and drowning</u> DUE TO Conditions, if any, which gave rise to immediate cause (b) (c), stating the underlying cause lost. DUE TO						INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>automobile accident - car plunged off Hollow road into a stream</u>					
20c. TIME OF INJURY Month, Day, Year <u>7/17/ 1959</u> Hour a. m. p. m. <u>12 - p. m.</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>county road</u>		20f. (City or town) <u>Rural Middletown, Fred, Md</u>			
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input type="checkbox"/>, Inquiry <input type="checkbox"/>, and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE <u>B. O. Thomas</u>			CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>				
EXAMINER'S NAME (Type) <u>Dr. B. O. Thomas</u>			DATE SIGNED <u>7/17/59</u>				
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	22b. DATE THEREOF <u>7/20/1959</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		22d. LOCATION (City, town, or county) <u>Myersville, Md.</u>			
23. FUNERAL DIRECTOR'S SIGNATURE <u>Gladhill Company, Middletown, Md.</u>			24a. REC'D BY REGISTRAR DATE <u>JUL 21 '59</u>				
ADDRESS <u>Gladhill Company, Middletown, Md.</u>			24b. REGISTRAR'S SIGNATURE <u>Arthur S. Huns</u>				

TO DEPUTY CHIEF MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial; cremation, or removal.

CERTIFICATE OF DEATH

7933

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Overlea 03X-2	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 708 N. Market St.		d. STREET ADDRESS 6810 Beech Ave.	
3. NAME OF DECEASED (Type or print) First Daisy Middle C. Last Kilian		4. DATE OF DEATH Month July Day 12 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 26, 1877
9. AGE (In years last birthday) 81 yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Frederick, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown Kilian		14. MOTHER'S MAIDEN NAME Daisy C. Fox	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT Miss Doris Everding		Address 4813 Herring Run Drive	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis 443X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Hypertensive Cardio-vascular disease DUE TO (c) 5 years			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work of work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from March 5, 1955 , to July 12, 1959 , that I last saw the deceased alive on July 11, 1959 , and that death occurred at 3:00 P.M. , from the causes and on the date stated above.			
ACTUAL SIGNATURE Bernard O. Thomas Jr. M.D.		ADDRESS (Street, city or town, state) Frederick, Md. DATE SIGNED July 12, 1959	
PHYSICIAN'S NAME (Type) B. O. Thomas Jr.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF July 15, 1959	22c. NAME OF CEMETERY OR CREMATORY Baltimore	22d. LOCATION (City, town, or county) (State) Baltimore, Md.
23. FUNERAL DIRECTOR'S SIGNATURE Lassahn Funeral Home ADDRESS 7401 Belair Rd.		24a. REC'D BY REGISTRAR DATE JUL 14 '59	24b. REGISTRAR'S SIGNATURE Arthur S. H. H.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the general director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

6827

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07929

7934

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY ✓			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				c. LENGTH OF STAY IN 1b Since 12-23-58			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Maryland Odd Fellows Home				d. STREET ADDRESS 3712 Hudson Street			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First CARMILLIA Middle MAY Last LANGLEY				4. DATE OF DEATH Month July Day 16, Year 19 59			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 27 May 1880		9. AGE (In years last birthday) yrs. 79	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Millard F. Morrison				14. MOTHER'S MAIDEN NAME Alice Maria O'Dell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT Odd Fellows Home Records (Same as item #1)			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) CHRONIC MYOCARDITIS DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH 24 Hrs. 10 Yrs. (?)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) July 2, 1959		(County) (State)	
21. I certify that I attended the deceased from July 2, 1959 to July 16, 1959 , that I last saw the deceased alive on July 15, 1959 and that death occurred at 4:30P M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) 4 E. Church St. Baltimore, Maryland DATE SIGNED 17 July 1959							
ACTUAL SIGNATURE W. M. Smith				M.D. Frederick, Md.			
PHYSICIAN'S NAME (Type) William M. Smith, M. D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF July 20, 1959		22c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		22d. LOCATION (City, town, or county) (State) Baltimore, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR DATE JUL 21 '59		24b. REGISTRAR'S SIGNATURE Carlton S. Kneass	

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained at the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Time of death		6. Place of death		7. Cause of death		8. Manner of death		9. Signature of physician		10. Signature of registrar	
John Doe		Male		45		1950-01-15		10:30 AM		Home		Heart Disease		Natural		[Signature]		[Signature]	
11. Name of informant		12. Relationship		13. Address		14. City		15. State		16. Zip		17. Date of birth		18. Sex		19. Age		20. Signature of informant	
Jane Doe		Wife		123 Main St		Baltimore		MD		21201		1905-03-10		Female		47		[Signature]	
21. Name of funeral home		22. Address		23. City		24. State		25. Zip		26. Date of funeral		27. Time of funeral		28. Place of funeral		29. Signature of funeral home		30. Signature of registrar	
ABC Funeral Home		456 Elm St		Baltimore		MD		21201		1950-01-20		11:00 AM		Church		[Signature]		[Signature]	

TO HOSPITAL OR TO FUNERAL DIRECTOR: The law requires that the death certificate be executed within 24 hours of the death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 4 Film G244 7/10/59 cap

7935

CERTIFICATE OF DEATH

Reg. Dist. No.

07930

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 10 days	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital		d. STREET ADDRESS Rt. # 2 Frederick, Maryland	
3. NAME OF DECEASED (Type or print) First Charles Middle E. Last Marino		4. DATE OF DEATH Month July Day 1 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH December 11, 1902
9. AGE (In years last birthday) 57 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Part owner of restaurant and tavern		11b. KIND OF BUSINESS OR INDUSTRY Washington D.C.	
12. BIRTHPLACE (State or foreign country) U.S.A.		13. CITIZEN OF WHAT COUNTRY? U.S.A.	
14. FATHER'S NAME Samuel Marino		15. MOTHER'S MAIDEN NAME Lucy Lion	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO. 578-12-2057	
18. INFORMANT Miss Rose Marino (Sister)		Address Rt. # 2 Frederick, Md.	
19. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 572.1 DUE TO Intestinal obstruction due to adhesions from diverticula Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 4 days	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 6-30-1959 to 7-1-1959 , that I last saw the deceased alive on 6-30-1959 , and that death occurred at M , from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED			
ACTUAL SIGNATURE Rex Martin M.D.		PHYSICIAN'S NAME (Type) Dr. Rex Martin M.D. 35 East Church Street Frederick, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF July 4, 1959	
22c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Robert E. Hickey ADDRESS Frederick, Maryland		24a. REC'D BY REGISTRAR DATE JUL 6 '59	
24b. REGISTRAR'S SIGNATURE Arthur S. Hantz			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate by writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Give Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

7936 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07931

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b Life	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS 201 Grove Boulebard	
3. NAME OF DECEASED (Type or print) First David Middle John Last Markey Jr.		4. DATE OF DEATH Month July Day 5 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 13, 1909
9. AGE (In years last birthday) 50 yrs.		IF UNDER 1 YEAR Months 5 Days 5 Hours 19 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't. Editor		10b. KIND OF BUSINESS OR INDUSTRY News Paper	
11. BIRTHPLACE (State or foreign country) Frederick		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME D. John Markey		14. MOTHER'S MAIDEN NAME Edna Mullinix	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-10-3208	
17. INFORMANT Mrs Alice Markey, Frederick, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (b) (a), stating the underlying cause lost. DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 4 days	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 19 o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE B.O. Thomas		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) B.O. Thomas, M.D.		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED July 5, 1959	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 7/8/59	
22c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetary		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Robert E. Dwyer		ADDRESS Frederick, Maryland	
24a. REC'D BY REGISTRAR DATE 7 '59		24b. REGISTRAR'S SIGNATURE Arthur S. Knott	

00131

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18

1933 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Race		5. Date of death		6. Place of death		7. Cause of death		8. Manner of death		9. Signature of medical examiner		10. Signature of coroner		11. Signature of physician		12. Signature of witness	
John Doe		Male		45		White		Jan 1, 1933		Home		Heart disease		Natural		[Signature]		[Signature]		[Signature]		[Signature]	
13. Name of informant		14. Relationship		15. Address		16. City		17. State		18. County		19. District		20. Sub-district		21. Block		22. Lot		23. Section		24. Township	
Jane Doe		Wife		123 Main St		Baltimore		Maryland		Baltimore		City		North		100		100		100		100	
25. Name of funeral home		26. Address		27. City		28. State		29. County		30. District		31. Sub-district		32. Block		33. Lot		34. Section		35. Township		36. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
37. Name of physician		38. Address		39. City		40. State		41. County		42. District		43. Sub-district		44. Block		45. Lot		46. Section		47. Township		48. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
49. Name of coroner		50. Address		51. City		52. State		53. County		54. District		55. Sub-district		56. Block		57. Lot		58. Section		59. Township		60. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
61. Name of witness		62. Address		63. City		64. State		65. County		66. District		67. Sub-district		68. Block		69. Lot		70. Section		71. Township		72. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
73. Name of medical examiner		74. Address		75. City		76. State		77. County		78. District		79. Sub-district		80. Block		81. Lot		82. Section		83. Township		84. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
85. Name of coroner		86. Address		87. City		88. State		89. County		90. District		91. Sub-district		92. Block		93. Lot		94. Section		95. Township		96. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
97. Name of witness		98. Address		99. City		100. State		101. County		102. District		103. Sub-district		104. Block		105. Lot		106. Section		107. Township		108. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
109. Name of medical examiner		110. Address		111. City		112. State		113. County		114. District		115. Sub-district		116. Block		117. Lot		118. Section		119. Township		120. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
121. Name of coroner		122. Address		123. City		124. State		125. County		126. District		127. Sub-district		128. Block		129. Lot		130. Section		131. Township		132. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
133. Name of witness		134. Address		135. City		136. State		137. County		138. District		139. Sub-district		140. Block		141. Lot		142. Section		143. Township		144. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
145. Name of medical examiner		146. Address		147. City		148. State		149. County		150. District		151. Sub-district		152. Block		153. Lot		154. Section		155. Township		156. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
157. Name of coroner		158. Address		159. City		160. State		161. County		162. District		163. Sub-district		164. Block		165. Lot		166. Section		167. Township		168. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
169. Name of witness		170. Address		171. City		172. State		173. County		174. District		175. Sub-district		176. Block		177. Lot		178. Section		179. Township		180. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
181. Name of medical examiner		182. Address		183. City		184. State		185. County		186. District		187. Sub-district		188. Block		189. Lot		190. Section		191. Township		192. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
193. Name of coroner		194. Address		195. City		196. State		197. County		198. District		199. Sub-district		200. Block		201. Lot		202. Section		203. Township		204. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
205. Name of witness		206. Address		207. City		208. State		209. County		210. District		211. Sub-district		212. Block		213. Lot		214. Section		215. Township		216. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
217. Name of medical examiner		218. Address		219. City		220. State		221. County		222. District		223. Sub-district		224. Block		225. Lot		226. Section		227. Township		228. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
229. Name of coroner		230. Address		231. City		232. State		233. County		234. District		235. Sub-district		236. Block		237. Lot		238. Section		239. Township		240. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
241. Name of witness		242. Address		243. City		244. State		245. County		246. District		247. Sub-district		248. Block		249. Lot		250. Section		251. Township		252. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
253. Name of medical examiner		254. Address		255. City		256. State		257. County		258. District		259. Sub-district		260. Block		261. Lot		262. Section		263. Township		264. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
265. Name of coroner		266. Address		267. City		268. State		269. County		270. District		271. Sub-district		272. Block		273. Lot		274. Section		275. Township		276. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
277. Name of witness		278. Address		279. City		280. State		281. County		282. District		283. Sub-district		284. Block		285. Lot		286. Section		287. Township		288. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
289. Name of medical examiner		290. Address		291. City		292. State		293. County		294. District		295. Sub-district		296. Block		297. Lot		298. Section		299. Township		300. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
301. Name of coroner		302. Address		303. City		304. State		305. County		306. District		307. Sub-district		308. Block		309. Lot		310. Section		311. Township		312. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
313. Name of witness		314. Address		315. City		316. State		317. County		318. District		319. Sub-district		320. Block		321. Lot		322. Section		323. Township		324. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
325. Name of medical examiner		326. Address		327. City		328. State		329. County		330. District		331. Sub-district		332. Block		333. Lot		334. Section		335. Township		336. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
337. Name of coroner		338. Address		339. City		340. State		341. County		342. District		343. Sub-district		344. Block		345. Lot		346. Section		347. Township		348. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
349. Name of witness		350. Address		351. City		352. State		353. County		354. District		355. Sub-district		356. Block		357. Lot		358. Section		359. Township		360. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
361. Name of medical examiner		362. Address		363. City		364. State		365. County		366. District		367. Sub-district		368. Block		369. Lot		370. Section		371. Township		372. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
373. Name of coroner		374. Address		375. City		376. State		377. County		378. District		379. Sub-district		380. Block		381. Lot		382. Section		383. Township		384. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
385. Name of witness		386. Address		387. City		388. State		389. County		390. District		391. Sub-district		392. Block		393. Lot		394. Section		395. Township		396. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
397. Name of medical examiner		398. Address		399. City		400. State		401. County		402. District		403. Sub-district		404. Block		405. Lot		406. Section		407. Township		408. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
409. Name of coroner		410. Address		411. City		412. State		413. County		414. District		415. Sub-district		416. Block		417. Lot		418. Section		419. Township		420. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
421. Name of witness		422. Address		423. City		424. State		425. County		426. District		427. Sub-district		428. Block		429. Lot		430. Section		431. Township		432. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
433. Name of medical examiner		434. Address		435. City		436. State		437. County		438. District		439. Sub-district		440. Block		441. Lot		442. Section		443. Township		444. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
445. Name of coroner		446. Address		447. City		448. State		449. County		450. District		451. Sub-district		452. Block		453. Lot		454. Section		455. Township		456. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
457. Name of witness		458. Address		459. City		460. State		461. County		462. District		463. Sub-district		464. Block		465. Lot		466. Section		467. Township		468. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
469. Name of medical examiner		470. Address		471. City		472. State		473. County		474. District		475. Sub-district		476. Block		477. Lot		478. Section		479. Township		480. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
481. Name of coroner		482. Address		483. City		484. State		485. County		486. District		487. Sub-district		488. Block		489. Lot		490. Section		491. Township		492. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
493. Name of witness		494. Address		495. City		496. State		497. County		498. District		499. Sub-district		500. Block		501. Lot		502. Section		503. Township		504. Other	
[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]		[Blank]	
505. Name of medical examiner		506. Address		507. City		508. State		509. County		510. District		511. Sub-district		512. Block		513. Lot		514. Section		515. Township		516. Other	
[Blank]		[Blank]																					

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7937 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07932

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN lb Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) // Frederick			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 402 West Second Street				d. STREET ADDRESS 402 West Second		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Arthur Middle Thomas Last McCanner				4. DATE OF DEATH Month July Day 4 Year 19 59			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH February 25 1893		9. AGE (In years last birthday) 66 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Merchant		11. BIRTHPLACE (State or foreign country) Frederick		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Owen McCanner				14. MOTHER'S MAIDEN NAME Alla Kline			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-10-1298		17. INFORMANT Address James McCanner Frederick, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 420.1 IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH 5 minute
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)	(State)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE B.O. Thomas				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>			
EXAMINER'S NAME (Type) B.O. Thomas, M.D.				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> July 4, 1959			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF July 7, 1959		22c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Robert E. Gable				ADDRESS Frederick, Maryland		24a. REC'D BY REGISTRAR JUL 7 59	
				24b. REGISTRAR'S SIGNATURE William S. Thomas			

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be completed within 24 hours after death. If any delay is necessary, please enclose the certificate with the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
JAMES H. HARRIS		45		M		W		JULY 12, 1929		BALTIMORE, MARYLAND	
RESIDENCE		OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH		MEDICAL HISTORY		POST-MORTEM EXAMINATION	
1234 E. BALTIMORE ST.		Carpenter		Heart Disease		Natural		None		None	
DATE OF BIRTH		PLACE OF BIRTH		EDUCATION		MARRIAGE		CHILDREN		SPECIAL HISTORY	
JAN 15, 1884		BALTIMORE, MD.		High School		Married		3		None	
PREVIOUS ILLNESSES		TREATMENT		HABITS		OCCUPATIONAL HISTORY		FAMILY HISTORY		SOCIAL HISTORY	
Hypertension		None		Smoker		Carpenter		None		None	
DATE OF EXAMINATION		BY		FINDINGS		REMARKS		SIGNATURE		TITLE	
JULY 13, 1929		J. H. HARRIS		Heart Disease		None		J. H. HARRIS		M.D.	

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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07933

7938

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>FREDERICK</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>MD</u> b. COUNTY <u>FREDERICK</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>FREDERICK</u>		c. LENGTH OF STAY IN lb <u>58</u>	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>11 FREDERICK</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>FREDERICK MEMORIAL Hospital</u>		d. STREET ADDRESS <u>19 EAST PATRICK ST</u>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>ANNIE BELLE A. MEASELL</u>		4. DATE OF DEATH Month Day Year <u>JULY 1 1959</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 7 1881</u>
9. AGE (In years last birthday) <u>77</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROCERY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>	11. BIRTHPLACE (State or foreign country) <u>MD</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>EUGENE A. ALEXANDER</u>		14. MOTHER'S MAIDEN NAME <u>MARY ELIZABETH TRACEY</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, of unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>218-307852B</u>	
17. INFORMANT <u>EDNA MEASELL</u>		Address <u>FREDERICK MD</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Arteriosclerosis</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arteriosclerotic Heart Disease</u>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. p. m. <u>19</u>		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>March 11</u> , 19 <u>59</u> , to <u>July 1</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>July 1</u> , 19 <u>59</u> , and that death occurred at <u>3:00</u> M. from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>A.A. Pearce</u>		ADDRESS (Street, city or town, state) <u>Fredrick, Md</u> DATE SIGNED <u>7/2/59</u>	
PHYSICIAN'S NAME (Type)			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>July 3, 1959</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET</u>		22d. LOCATION (City, town, or county) (State) <u>FREDERICK MD</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence C. Gentry</u>		ADDRESS <u>Fredrick Md</u>	
24a. REC'D BY REGISTRAR <u>JUL 6 '59</u>		24b. REGISTRAR'S SIGNATURE <u>Clarence C. Gentry</u>	

CERTIFICATE OF DEATH

1938

and file in

1. PLACE OF DEATH		2. DATE OF DEATH	
3. CITY OR TOWN OR VILLAGE OR PLACE WHERE DEATH OCCURRED		4. COUNTY	
5. NAME OF DECEASED		6. SEX	
7. AGE		8. MARITAL STATUS	
9. OCCUPATION		10. CAUSE OF DEATH	
11. MEDICAL HISTORY		12. SIGNATURE OF PHYSICIAN	
13. SIGNATURE OF REGISTRAR		14. SIGNATURE OF WITNESSES	
15. SIGNATURE OF DECEASED		16. SIGNATURE OF NEXT OF KIN	
17. SIGNATURE OF BURIAL OFFICIAL		18. SIGNATURE OF CHURCH OFFICIAL	
19. SIGNATURE OF MINISTER		20. SIGNATURE OF RABBI	
21. SIGNATURE OF OTHER OFFICIAL		22. SIGNATURE OF OTHER OFFICIAL	
23. SIGNATURE OF OTHER OFFICIAL		24. SIGNATURE OF OTHER OFFICIAL	
25. SIGNATURE OF OTHER OFFICIAL		26. SIGNATURE OF OTHER OFFICIAL	
27. SIGNATURE OF OTHER OFFICIAL		28. SIGNATURE OF OTHER OFFICIAL	
29. SIGNATURE OF OTHER OFFICIAL		30. SIGNATURE OF OTHER OFFICIAL	
31. SIGNATURE OF OTHER OFFICIAL		32. SIGNATURE OF OTHER OFFICIAL	
33. SIGNATURE OF OTHER OFFICIAL		34. SIGNATURE OF OTHER OFFICIAL	
35. SIGNATURE OF OTHER OFFICIAL		36. SIGNATURE OF OTHER OFFICIAL	
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99. SIGNATURE OF OTHER OFFICIAL		100. SIGNATURE OF OTHER OFFICIAL	

DEPARTMENT OF HEALTH
BALTIMORE, MARYLAND
JANUARY 1938

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained at the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7939

CERTIFICATE OF DEATH

07934

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				c. LENGTH OF STAY IN 1b 46 Years			
d. NAME OF HOSPITAL (If not in hospital, give street address) Frederick Memorial Hospital				e. STREET ADDRESS 256 West Patrick Street			
3. NAME OF DECEASED (Type or print) First ADA Middle CATHERINE Last MICHAEL				4. DATE OF DEATH Month July Day 7 Year 1959			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 25 Jan 1885	
9. AGE (In years birthday) 74 yrs.		IF UNDER 1 YEAR Months 1 Days 1 Hours 1 Min.		IF UNDER 24 HRS. Months 1 Days 1 Hours 1 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Eugene Etchison				14. MOTHER'S MAIDEN NAME Emma Steiner			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Stanley A. Michael (Same as item #2)			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage 443X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Hypertensive Cardiovascular Disease DUE TO 10 years (c)				INTERVAL BETWEEN ONSET AND DEATH 1 month			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour o. m. 19 p. m.				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) Frederick				20g. (County) Frederick		20h. (State) Maryland	
21. I certify that I attended the deceased from Feb , 19 55 , to July 7 , 19 59 , that I last saw the deceased alive on July 7 , 19 59 , and that death occurred at 5:40 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 4 E. Church St. Frederick, Md. DATE SIGNED 8 July 1959 ACTUAL SIGNATURE Henry V. Chase M.D. PHYSICIAN'S NAME (Type) Henry V. Chase, M. D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 7-10-59		22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR DATE JUL 13 '59		24b. REGISTRAR'S SIGNATURE Arthur S. Frank	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

7962 CERTIFICATE OF DEATH

Reg. Dist. No. 07935

1. PLACE OF DEATH a. COUNTY <u>Frederick</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Frederick</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>R# 7 Frederick</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Thurmont, Md.</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Frederick County Chronic Hospital</u>				d. STREET ADDRESS <u>Altamont Ave.</u>			
3. NAME OF DECEASED (Type or print) First <u>Emma</u> Middle <u>Rebecca</u> Last <u>Miller</u>				4. DATE OF DEATH Month <u>7</u> Day <u>28</u> Year <u>1959</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>5/27/1877</u>	
9. AGE (In years last birthday) <u>82</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>Mr. Jacob Baumgardner</u>				14. MOTHER'S MAIDEN NAME <u>Sophia Mc Hallay</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Ruth Crawford</u> Address <u>Sgt. Fred. County Chronic</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>260X Diabetes Mellitus</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Arterio Sclerosis</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>12 yrs.</u> <u>10 yrs.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>				20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) _____ (County) _____ (State) _____							
21. I certify that I attended the deceased from <u>July 24, 1959</u> , to <u>July 28, 1959</u> , that I last saw the deceased alive on <u>July 27, 1959</u> , and that death occurred at <u>10:15 A.M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>H. F. Kline</u> M.D.				ADDRESS (Street, city or town, state) <u>Frederick Md. 9.7.7. Monckton</u> DATE SIGNED <u>July 28, 1959</u>			
PHYSICIAN'S NAME (Type) <u>H. F. KLINE</u>				<u>Frederick</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>7-30-59</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Kriders Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Westminster Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond E. Creager</u> ADDRESS <u>Thurmont, Md.</u>				24a. REC'D BY REGISTRAR <u>JUL 31 '59</u>		24b. REGISTRAR'S SIGNATURE <u>Charles S. Kline</u>	

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TO HOSPITAL
may be retained in the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

THE LAW REQUIRES THAT THE DEATH CERTIFICATE BE EXECUTED WITHIN 24 HOURS AFTER DEATH. PAGE 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7940

CERTIFICATE OF DEATH

Reg. Dist. No.

07936

1. PLACE OF DEATH a. COUNTY FREDERICK MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY FREDERICK	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK		c. LENGTH OF STAY IN Ib Lifetime	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital		d. STREET ADDRESS PARK AVENUE	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First HARRY Middle WALTER Last MILLER		4. DATE OF DEATH Month July Day 21 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 19, 1886
9. AGE (In years lost birthday) 73 yrs.		IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barbering	
11. BIRTHPLACE (State or foreign country) Frederick Maryland		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Franklin P. Miller		14. MOTHER'S MAIDEN NAME Cora Cramer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 217-32-5131	
17. INFORMANT Address Daughter Mrs. Edward Silance, Frederick, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of rectosigmoid 154X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 1. Cardio-vascular collapse 2. Post-op. wound dehiscence		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 13 July , 19 59 , to 21 July , 19 59 , that I last saw the deceased alive on 21 July , 19 59 , and that death occurred at 5:55 P.M. , from the causes and on the date stated above.			
ACTUAL SIGNATURE Malvin E. Lea M.D.		ADDRESS (Street, city or town, state) 35, East Church St.	
DATE SIGNED 7/22/59			
PHYSICIAN'S NAME (Type) Malvin E. Lea, MD.			
22a. BURIAL, CREMATION, or other disposition (Specify) BURIAL		22b. DATE THEREOF 7/24/59	
22c. NAME OF CEMETERY OR CREMATORY Mt Olivet		22d. LOCATION (City, town, or county) (State) Frederick, Maryland.	
23. FUNERAL DIRECTOR'S SIGNATURE Robert C. Driley Jr. ADDRESS FREDERICK, MD.		24a. REC'D BY REGISTRAR JUL 27 59	
24b. REGISTRAR'S SIGNATURE Robert C. Driley Jr.			

MEDICAL CERTIFICATION

4036

CERTIFICATE OF DEATH

1940

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD

Reg. Dist. No.

1. Name of Deceased

2. Sex

3. Race

4. Date of Birth

5. Date of Death

6. Time of Death

7. Place of Death

8. Cause of Death

9. Name of Physician

10. Name of Hospital

11. Age

12. Sex

13. Race

14. Date of Birth

15. Date of Death

16. Time of Death

17. Place of Death

18. Cause of Death

19. Name of Physician

20. Name of Hospital

21. Age

22. Sex

23. Race

24. Date of Birth

25. Date of Death

26. Time of Death

27. Place of Death

28. Name of Physician

29. Name of Hospital

30. Name of Physician

31. Age

32. Sex

33. Race

34. Date of Birth

35. Date of Death

36. Time of Death

37. Place of Death

38. Cause of Death

39. Name of Physician

40. Name of Hospital

41. Age

42. Sex

43. Race

44. Date of Birth

45. Date of Death

46. Time of Death

47. Place of Death

48. Name of Physician

49. Name of Hospital

50. Name of Physician

51. Age

52. Sex

53. Race

54. Date of Birth

55. Date of Death

56. Time of Death

57. Place of Death

58. Cause of Death

59. Name of Physician

60. Name of Hospital

61. Age

62. Sex

63. Race

64. Date of Birth

65. Date of Death

66. Time of Death

67. Place of Death

68. Name of Physician

69. Name of Hospital

70. Name of Physician

71. Age

72. Sex

73. Race

74. Date of Birth

75. Date of Death

76. Time of Death

77. Place of Death

78. Cause of Death

79. Name of Physician

80. Name of Hospital

81. Age

82. Sex

83. Race

84. Date of Birth

85. Date of Death

86. Time of Death

87. Place of Death

88. Name of Physician

89. Name of Hospital

90. Name of Physician

91. Age

92. Sex

93. Race

94. Date of Birth

95. Date of Death

96. Time of Death

97. Place of Death

98. Cause of Death

99. Name of Physician

100. Name of Hospital

101. Age

102. Sex

103. Race

104. Date of Birth

105. Date of Death

106. Time of Death

107. Place of Death

108. Name of Physician

109. Name of Hospital

110. Name of Physician

111. Age

112. Sex

113. Race

114. Date of Birth

115. Date of Death

116. Time of Death

117. Place of Death

118. Cause of Death

119. Name of Physician

120. Name of Hospital

121. Age

122. Sex

123. Race

124. Date of Birth

125. Date of Death

126. Time of Death

127. Place of Death

128. Name of Physician

129. Name of Hospital

130. Name of Physician

131. Age

132. Sex

133. Race

134. Date of Birth

135. Date of Death

136. Time of Death

137. Place of Death

138. Cause of Death

139. Name of Physician

140. Name of Hospital

141. Age

142. Sex

143. Race

144. Date of Birth

145. Date of Death

146. Time of Death

147. Place of Death

148. Name of Physician

149. Name of Hospital

150. Name of Physician

7963

CERTIFICATE OF DEATH

Reg. Dist. No.

07937

1. PLACE OF DEATH o. COUNTY <i>Frederick</i> b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick R#7</i> c. LENGTH OF STAY IN 1b <i>5 days</i> d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Frederick County Chronic Hospital</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <i>Thurmont, Md.</i> b. COUNTY <i>Frederick</i> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Thurmont</i> d. STREET ADDRESS <i>Altamont Avenue</i> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <i>William</i> Middle <i>Murray</i> Last <i>Miller</i>				4. DATE OF DEATH Month <i>7</i> Day <i>27</i> Year <i>1959</i>			
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>1-7-1880</i>	
9. AGE (In years lost birthday) <i>79</i> yrs.		IF UNDER 1 YEAR Months <i>7</i> Days <i>27</i> Hours <i>19</i> Min.		IF UNDER 24 HRS. Months <i>7</i> Days <i>27</i> Hours <i>19</i> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Own Farm</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>							
13. FATHER'S NAME <i>Mrs. Edward Nelson Miller</i>				14. MOTHER'S MAIDEN NAME <i>Mary Elizabeth Lippy</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>				16. SOCIAL SECURITY NO. <i>214-28-0972</i>		17. INFORMANT <i>Ruth Crawford R.N. Supt.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> <i>331X</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>Arterio Sclerosis</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>19</i>				20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)				(County)		(State)	
21. I certify that I attended the deceased from <i>July 24, 1959</i> to <i>July 26, 1959</i> , that I last saw the deceased alive on <i>July 26, 1959</i> , and that death occurred at <i>10:00 AM</i> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <i>H. F. Keene</i>				DATE SIGNED <i>July 27, 1959</i>			
PHYSICIAN'S NAME (Type) <i>H. F. KEENE M.D.</i>				ADDRESS (Street, city or town, state) <i>777 Market St. Frederick Md.</i>			
22a. BURIAL, CREMATION, or other disposal (Specify) <i>Burial</i>		22b. DATE THEREOF <i>7-30-59</i>		22c. NAME OF CEMETERY OR CREMATORY <i>Kriders Cemetery</i>		22d. LOCATION (City, town, or county) (State) <i>Westminster, Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Raymond E. Creager</i>				ADDRESS <i>Thurmont, Md.</i>		24a. REC'D BY REGISTRAR DATE <i>JUL 30 '59</i>	
				24b. REGISTRAR'S SIGNATURE <i>Arthur S. ...</i>			

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

3729-8-15

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2-25-83

TO HOSPITAL OR FUNERAL HOME: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7941

CERTIFICATE OF DEATH

07938

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Frederick</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Carroll</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		c. LENGTH OF STAY IN 1b <i>4 days</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Frederick Memorial Hospital</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Laura</i> Middle <i>JANE</i> Last <i>Myers</i>		4. DATE OF DEATH Month <i>July</i> Day <i>7</i> Year <i>1959</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 1, 1891</i>
9. AGE (In years last birthday) <i>68</i> yrs.		10. IF UNDER 1 YEAR Months <i>68</i> Days <i>68</i> Hours <i>68</i> Min.	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house-wife</i>		11b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	
11. BIRTHPLACE (State or foreign country) <i>Carroll Co. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Edward Heuman</i>		14. MOTHER'S MAIDEN NAME <i>Alverta Bankert</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT <i>Mrs. Ray C. Smith, Walkersville, Md.</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute coronary thrombosis</i> 420.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>arteriosclerotic heart disease</i> DUE TO (c) <i>—</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>5 yrs</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Diabetes mellitus</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <i>—</i> o. m. <i>—</i> p. m. Month <i>19</i> Day <i>—</i> Year <i>—</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>7/3</i> , 19 <i>59</i> , to <i>7/7</i> , 19 <i>59</i> , that I last saw the deceased alive on <i>7/7</i> , 19 <i>59</i> , and that death occurred at <i>12:30</i> P.M., from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>Henry V. Chase</i>		ADDRESS (Street, city or town, state) <i>4 E. Church St</i>	
PHYSICIAN'S NAME (Type) <i>Henry V. Chase</i>		DATE SIGNED <i>7/2/59</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE, THEREOF <i>7/10/59</i>	
22c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Valley Cem. Westminster Md</i>		22d. LOCATION (City, town, or county) (State) <i>Westminster Md</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>J. E. Myers Jr.</i>		ADDRESS <i>Westminster Md</i>	
24a. REC'D BY REGISTRAR <i>—</i>		24b. REGISTRAR'S SIGNATURE <i>Arthur S. Knecht</i>	
DATE <i>JUL 10 59</i>			

CERTIFICATE OF DEATH

TOTAL

11987

PLACE OF DEATH		DEATH	
COUNTY OF DEATH		COUNTY OF DEATH	
CITY OF DEATH		CITY OF DEATH	
STREET OF DEATH		STREET OF DEATH	
STATE OF DEATH		STATE OF DEATH	
ZIP CODE OF DEATH		ZIP CODE OF DEATH	
DATE OF DEATH		DATE OF DEATH	
TIME OF DEATH		TIME OF DEATH	
CAUSE OF DEATH		CAUSE OF DEATH	
MANNER OF DEATH		MANNER OF DEATH	
AGE OF DEATH		AGE OF DEATH	
SEX OF DEATH		SEX OF DEATH	
RACE OF DEATH		RACE OF DEATH	
EDUCATION OF DEATH		EDUCATION OF DEATH	
OCCUPATION OF DEATH		OCCUPATION OF DEATH	
RELIGION OF DEATH		RELIGION OF DEATH	
MARRIAGE OF DEATH		MARRIAGE OF DEATH	
CHILDREN OF DEATH		CHILDREN OF DEATH	
SIBLINGS OF DEATH		SIBLINGS OF DEATH	
PARENTS OF DEATH		PARENTS OF DEATH	
GRANDPARENTS OF DEATH		GRANDPARENTS OF DEATH	
OTHER RELATIVES OF DEATH		OTHER RELATIVES OF DEATH	
SOCIAL HISTORY OF DEATH		SOCIAL HISTORY OF DEATH	
MEDICAL HISTORY OF DEATH		MEDICAL HISTORY OF DEATH	
SURVIVAL OF DEATH		SURVIVAL OF DEATH	
REMARKS OF DEATH		REMARKS OF DEATH	
SIGNATURE OF DEATH		SIGNATURE OF DEATH	
DATE OF SIGNATURE		DATE OF SIGNATURE	
PLACE OF SIGNATURE		PLACE OF SIGNATURE	
COUNTY OF SIGNATURE		COUNTY OF SIGNATURE	
CITY OF SIGNATURE		CITY OF SIGNATURE	
STREET OF SIGNATURE		STREET OF SIGNATURE	
STATE OF SIGNATURE		STATE OF SIGNATURE	
ZIP CODE OF SIGNATURE		ZIP CODE OF SIGNATURE	
DATE OF BIRTH		DATE OF BIRTH	
TIME OF BIRTH		TIME OF BIRTH	
CAUSE OF BIRTH		CAUSE OF BIRTH	
MANNER OF BIRTH		MANNER OF BIRTH	
AGE OF BIRTH		AGE OF BIRTH	
SEX OF BIRTH		SEX OF BIRTH	
RACE OF BIRTH		RACE OF BIRTH	
EDUCATION OF BIRTH		EDUCATION OF BIRTH	
OCCUPATION OF BIRTH		OCCUPATION OF BIRTH	
RELIGION OF BIRTH		RELIGION OF BIRTH	
MARRIAGE OF BIRTH		MARRIAGE OF BIRTH	
CHILDREN OF BIRTH		CHILDREN OF BIRTH	
SIBLINGS OF BIRTH		SIBLINGS OF BIRTH	
PARENTS OF BIRTH		PARENTS OF BIRTH	
GRANDPARENTS OF BIRTH		GRANDPARENTS OF BIRTH	
OTHER RELATIVES OF BIRTH		OTHER RELATIVES OF BIRTH	
SOCIAL HISTORY OF BIRTH		SOCIAL HISTORY OF BIRTH	
MEDICAL HISTORY OF BIRTH		MEDICAL HISTORY OF BIRTH	
SURVIVAL OF BIRTH		SURVIVAL OF BIRTH	
REMARKS OF BIRTH		REMARKS OF BIRTH	
SIGNATURE OF BIRTH		SIGNATURE OF BIRTH	
DATE OF SIGNATURE		DATE OF SIGNATURE	
PLACE OF SIGNATURE		PLACE OF SIGNATURE	
COUNTY OF SIGNATURE		COUNTY OF SIGNATURE	
CITY OF SIGNATURE		CITY OF SIGNATURE	
STREET OF SIGNATURE		STREET OF SIGNATURE	
STATE OF SIGNATURE		STATE OF SIGNATURE	
ZIP CODE OF SIGNATURE		ZIP CODE OF SIGNATURE	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate with the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial, cremation or removal.

VS. A15ME(5)
SM 9/55

7964

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Item 8 See: Birth Cert. et

Reg. Dist. No. 07939

1. PLACE OF DEATH a. COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Frederick</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Woodsboro R D</u>		c. LENGTH OF STAY IN 1b <u>Life</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First <u>Daniel</u> Middle <u>Michael</u> Last <u>Affitt</u>		4. DATE OF DEATH Month <u>July</u> Day <u>7</u> Year <u>1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 18, 1917</u>
9. AGE (In years last birthday) <u>1</u> yrs.		IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u> Hours <u>4</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Frederick</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Bernard Affitt</u>		14. MOTHER'S MAIDEN NAME <u>Lillian Kingsbury</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Bernard Affitt</u>		Address <u>Woodsboro, Md</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured Skull (Occiput region)</u> 835X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Struck by tractor</u>	
20c. TIME OF INJURY Hour <u>7</u> <u>p. m.</u> Month, Day, Year <u>7/7</u> <u>1959</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. (City or town) (County) (State) <u>Woodsboro Frederick Md</u>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <u>B.D. Thomas</u>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <u>B.D. Thomas, M.D.</u>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>July 10, 1959</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Woodsboro Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>S.E. Butler, Walkersville, Md.</u>		24b. REC'D BY REGISTRAR DATE <u>JUL 10 '59</u>	
		24c. REGISTRAR'S SIGNATURE <u>Arthur L. Evans</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7942

CERTIFICATE OF DEATH

Reg. Dist. No.

07940

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b X	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Montevue County Home		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Joseph Middle Potts Last Potts		4. DATE OF DEATH Month July Day 14 Year 1959	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH
9. AGE (In years last birthday) 76 yrs.		10. IF UNDER 1 YEAR Months 76 Days 76 Hours 76 Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		12. KIND OF BUSINESS OR INDUSTRY general	
13. FATHER'S NAME Calip Potts		14. MOTHER'S MAIDEN NAME Amelia Hosley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mr. Robert Schell (Supt. of Montevue)		Address Fred. Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X DUE TO Control Hemorrhage Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Anterior Thrombosis DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 34 hrs. 3 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from July 14 , 19 54 , to July 14 , 19 59 , that I last saw the deceased alive on July 14 , 19 59 , and that death occurred at 10:15 P.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE H. F. Kline		ADDRESS (Street, city or town, state) 777 Market Street, Frederick, Md.	
DATE SIGNED July 15, '59			
PHYSICIAN'S NAME (Type) Dr. H. F. Kline, Sr.		M.D. 7 North Market Street, Frederick, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF 7-18-1959	
22c. NAME OF CEMETERY OR CREMATORY Friendship		22d. LOCATION (City, town, or county) (State) Montgomery Co., Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE C. M. Waltz,		ADDRESS Winfield, Md.	
24a. REC'D BY REGISTRAR DATE JUL 17 '59		24b. REGISTRAR'S SIGNATURE Arthur S. Kline	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7943 CERTIFICATE OF DEATH

Reg. Dist. No. 07941

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b Years	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) // Frederick		d. NAME OF HOSPITAL (If not in hospital, give street address) 603 Rosemont Avenue	
d. STREET ADDRESS 603 Rosemont Avenue		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ANNE Middle SOPHIA Last SCHILDKNECHT		4. DATE OF DEATH Month July Day 22 Year 19 59	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 26 Sept 1895
9. AGE (In years last birthday) 63 yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Daniel Bentz		14. MOTHER'S MAIDEN NAME Mary A. Shipley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT William R. Schildknecht, Frederick, Md.		513 Magnolia Ave., Frederick, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary infection 443X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Hypertensive C. V. Disease DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hr 30 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 9/22 , 19 59 , to 7/22 , 19 59 , that I last saw the deceased alive on 7/22 , 19 59 , and that death occurred at 4:15 P M, from the causes and on the date stated above.		ADDRESS (Street, city or town, state) 228 N. Market St. Frederick, Md. DATE SIGNED 23 July 1959	
ACTUAL SIGNATURE L. R. Schoolman		PHYSICIAN'S NAME (Type) L. R. Schoolman, M. D.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 7-25-59	
22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR JUL 27 59	
ADDRESS M. R. Etchison & Son, Frederick, Maryland		24b. REGISTRAR'S SIGNATURE Robert L. Frank	

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Race	
4. Date of Birth		5. Date of Death		6. Place of Birth	
7. Age at Death		8. Cause of Death		9. Manner of Death	
10. Signature of Physician		11. Signature of Registrar		12. Date of Registration	
13. Signature of Coroner		14. Signature of Medical Examiner		15. Signature of Funeral Home	
16. Signature of Burial Place		17. Signature of Cemetery		18. Signature of Interment	
19. Signature of Burial Place		20. Signature of Cemetery		21. Signature of Interment	
22. Signature of Burial Place		23. Signature of Cemetery		24. Signature of Interment	
25. Signature of Burial Place		26. Signature of Cemetery		27. Signature of Interment	
28. Signature of Burial Place		29. Signature of Cemetery		30. Signature of Interment	
31. Signature of Burial Place		32. Signature of Cemetery		33. Signature of Interment	
34. Signature of Burial Place		35. Signature of Cemetery		36. Signature of Interment	
37. Signature of Burial Place		38. Signature of Cemetery		39. Signature of Interment	
40. Signature of Burial Place		41. Signature of Cemetery		42. Signature of Interment	
43. Signature of Burial Place		44. Signature of Cemetery		45. Signature of Interment	
46. Signature of Burial Place		47. Signature of Cemetery		48. Signature of Interment	
49. Signature of Burial Place		50. Signature of Cemetery		51. Signature of Interment	
52. Signature of Burial Place		53. Signature of Cemetery		54. Signature of Interment	
55. Signature of Burial Place		56. Signature of Cemetery		57. Signature of Interment	
58. Signature of Burial Place		59. Signature of Cemetery		60. Signature of Interment	
61. Signature of Burial Place		62. Signature of Cemetery		63. Signature of Interment	
64. Signature of Burial Place		65. Signature of Cemetery		66. Signature of Interment	
67. Signature of Burial Place		68. Signature of Cemetery		69. Signature of Interment	
70. Signature of Burial Place		71. Signature of Cemetery		72. Signature of Interment	
73. Signature of Burial Place		74. Signature of Cemetery		75. Signature of Interment	
76. Signature of Burial Place		77. Signature of Cemetery		78. Signature of Interment	
79. Signature of Burial Place		80. Signature of Cemetery		81. Signature of Interment	
82. Signature of Burial Place		83. Signature of Cemetery		84. Signature of Interment	
85. Signature of Burial Place		86. Signature of Cemetery		87. Signature of Interment	
88. Signature of Burial Place		89. Signature of Cemetery		90. Signature of Interment	
91. Signature of Burial Place		92. Signature of Cemetery		93. Signature of Interment	
94. Signature of Burial Place		95. Signature of Cemetery		96. Signature of Interment	
97. Signature of Burial Place		98. Signature of Cemetery		99. Signature of Interment	
100. Signature of Burial Place		101. Signature of Cemetery		102. Signature of Interment	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of the death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07942

7944 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Fredrick</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Fredrick</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Fredrick</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Fredrick</u>					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>722 N Market St</u>				d. STREET ADDRESS <u>1322 N Market St</u>			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Maurice</u> Middle <u>L</u> Last <u>Schar</u>				4. DATE OF DEATH Month <u>July</u> Day <u>1</u> Year <u>1959</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 5, 1892</u>		9. AGE (In years lost birthday) <u>67</u> yrs.	10. IF UNDER 1 YEAR Months <u>1</u> Days <u>27</u> Hours <u></u> Min. <u></u>	11. IF UNDER 24 HRS. Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Junk</u>		11. BIRTHPLACE (State or foreign country) <u>Poland</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>									
13. FATHER'S NAME <u>Jacob</u>				14. MOTHER'S MAIDEN NAME <u>Malka</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Freda Schar</u> Address <u>Same</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rheumatic Heart Disease</u> <u>416X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u></u> DUE TO (c) <u></u>								INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u></u>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <u></u> o. m. <u></u> p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			
20f. (City or town)				(County)		(State)			
21. I certify that I attended the deceased from <u>12/1/51</u> , 19 <u>51</u> , to <u>July 1</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>June 29</u> , 19 <u>59</u> , and that death occurred at <u>8:15</u> A. M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>228 N Market St Fredrick Md</u> DATE SIGNED <u>7/1/59</u>									
ACTUAL SIGNATURE <u>S. R. Schorlman</u>				M.D. <u>228 N Market St Fredrick Md</u>					
PHYSICIAN'S NAME (Type) <u></u>									
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>7-2-59</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Rosedale</u>		22d. LOCATION (City, town, or county) (State) <u>Balto Md</u>			
23. FUNERAL DIRECTOR'S SIGNATURE <u>Jack Lewis Inc</u>				ADDRESS <u>2100 Eutan Pl</u>		24a. REC'D BY REGISTRAR DATE <u>JUL 6 '59</u>			
						24b. REGISTRAR'S SIGNATURE <u>Arthur S. Hume</u>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use at the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7945

CERTIFICATE OF DEATH

07943

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b //	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		d. STREET ADDRESS 514 Fairview Avenue	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 514 Fairview Avenue		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Albert Middle Miles Last Scott		4. DATE OF DEATH Month July Day 27 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> Never married Widowed	8. DATE OF BIRTH 4-7-1911
9. AGE (In years last birthday) 48 yrs.	IF UNDER 1 YEAR Months 48 Days 48 Hours 48 Min.	IF UNDER 24 HRS. Months 48 Days 48 Hours 48 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Confectionery	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Grant Scott		14. MOTHER'S MAIDEN NAME Alice Miles	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 214-10-1669	
17. INFORMANT Mrs. Albert M. Scott		Address 514 Fairview Ave.-Frederick Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Coronary heart dis. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH Immediate 1957		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Sept 7 , 19 58 , to 27 July , 19 59 , that I last saw the deceased alive on 27 July , 19 59 , and that death occurred at 7:40 P.M. , from the causes and on the date stated above. ADDRESS (Street, city or town, state) Professional Bldg. DATE SIGNED ACTUAL SIGNATURE Charles H. Conley, Jr. M.D. PHYSICIAN'S NAME (Type) Dr. Charles H. Conley-Jr. Frederick-Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 7-30-1959	
22c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Dailers Funeral Home		24a. REC'D BY REGISTRAR AUG 3 '59	
24b. REGISTRAR'S SIGNATURE Arthur S. Hanes			

CONCLUSIONS

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15 June 1979

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7946 CERTIFICATE OF DEATH

Reg. Dist. No. 07944

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick			c. LENGTH OF STAY IN 1b Days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural-R.F.D.#7			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital				d. STREET ADDRESS Rocky Springs		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ROBERT Middle HUGH Last SIMMONS				4. DATE OF DEATH Month July Day 26 Year 1959				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH December 22, 1904		
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months 5 Days 19 Hours 59		IF UNDER 24 HRS. Hours 59 Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender			10b. KIND OF BUSINESS OR INDUSTRY Club		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert Sherr Simmons				14. MOTHER'S MAIDEN NAME Mary Anna Simmons				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 217-10-9128		17. INFORMANT Mrs. Ruth Cline Simmons-Same as Item #2				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive Heart Failure 581.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Venial pneumonia DUE TO (c) Cholelithiasis of liver							INTERVAL BETWEEN ONSET AND DEATH 12 hrs 4 days 57 hrs +	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour 19 o. m. p. m.				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		
20f. (City or town)				(County)		(State)		
21. I certify that I attended the deceased from July 22, 1959 , to July 26, 1959 , that I last saw the deceased alive on July 26, 1959 , and that death occurred at 7:45 A. M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Professional Building DATE SIGNED 7/28/59								
ACTUAL SIGNATURE B. O. Thomas				PHYSICIAN'S NAME (Type) B. O. Thomas, M.D.				
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial				22b. DATE THEREOF July 30, 1959		22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		
22d. LOCATION (City, town, or county) Frederick,				(State) Maryland				
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR DATE JUL 29 '59		24b. REGISTRAR'S SIGNATURE Arthur S. Hume		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7947 CERTIFICATE OF DEATH

Reg. Dist. No.

07945

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b 18 hrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital				d. STREET ADDRESS 207 S. Market St.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Mary J. Staub				4. DATE OF DEATH Month July Day 20 Year 19 59			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 29, 1888		9. AGE (In years last birthday) 70 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Scott Grimes				14. MOTHER'S MAIDEN NAME Minnie Frock			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 185-28-2112		17. INFORMANT Address Md. 207 S. Market St. Fred.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism 466 X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. } (b) Phlebotrombosis, right DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH Minutes & 3 days & 2 weeks	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 1 July , 19 59 , to 20 July , 19 59 , that I last saw the deceased alive on 20 July , 19 59 , and that death occurred at 2:00 PM , from the causes and on the date stated above.							
ACTUAL SIGNATURE James B. Thomas				ADDRESS (Street, city or town, state) 278 N. Market St. Frederick, Md.		DATE SIGNED 7/20/59	
PHYSICIAN'S NAME (Type)							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 7-24-59		22c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		22d. LOCATION (City, town, or county) (State) Woodsboro, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M.L. Creager & Son				ADDRESS Thurmont, Md.		24a. REC'D BY REGISTRAR DATE JUL 27 '59	
				24b. REGISTRAR'S SIGNATURE Arthur S. Kline			

7948

CERTIFICATE OF DEATH

07946

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Frederick</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>11 FREDERICK</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Frederick Memorial Hospital</u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>STRAWSBURG</u> Last <u>STRAWSBURG</u>		4. DATE OF DEATH Month <u>July</u> Day <u>16</u> Year <u>19 59</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-24-85</u>
9. AGE (In years last birthday) <u>74</u> yrs.		10. IF UNDER 1 YEAR: Months <u>7</u> Days <u>14</u> Hours <u>14</u> Min. <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman at Hudson Supply Co. Buckeystown, Md.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. A.</u>	
11. BIRTHPLACE (State or foreign country) <u>U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>William Strawsburg</u>		14. MOTHER'S MAIDEN NAME <u>Ida Williams</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/>		16. SOCIAL SECURITY NO. <u>217-05-0888</u>	
17. INFORMANT <u>Mrs. Margie A. K. Strawsburg (Wife)</u>		Address <u>Frederick,</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>420.0 Congestive Heart Disease (Failure)</u> DUE TO <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. <u>Several years</u> DUE TO <u>Transitional Cell Carcinoma of bladder</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Transitional Cell Carcinoma of bladder</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>2-26-1959</u> to <u>7-16-1959</u> , that I last saw the deceased alive on <u>7-16-1959</u> , and that death occurred at <u>2:45 PM</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Robert D. Crouch</u> M.D. <u>Shopping Center, Frederick, Md.</u>		DATE SIGNED <u>7/16/59</u>	
PHYSICIAN'S NAME (Type) <u>ROBERT D. CROUCH</u>		Address <u>Shopping Center, Frederick, Maryland</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>July 19, '59</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	22d. LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Robert D. Crouch</u>		24a. REC'D BY REGISTRAR <u>JUL 21 59</u>	24b. REGISTRAR'S SIGNATURE <u>Arthur S. Hume</u>

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18

1. NAME OF DECEASED <i>William S. [illegible]</i>		2. SEX <i>Male</i>		3. AGE <i>65</i>	
4. DATE OF DEATH <i>July 19, 1950</i>		5. TIME OF DEATH <i>10:30 AM</i>		6. PLACE OF DEATH <i>Home</i>	
7. CAUSE OF DEATH <i>Heart Disease</i>		8. MANNER OF DEATH <i>Natural</i>		9. SIGNATURE OF PHYSICIAN <i>[Signature]</i>	
10. SIGNATURE OF REGISTRAR <i>[Signature]</i>		11. SIGNATURE OF WITNESSES <i>[Signature]</i>		12. SIGNATURE OF DECEASED <i>[Signature]</i>	
13. SIGNATURE OF CLERK <i>[Signature]</i>		14. SIGNATURE OF JUDGE <i>[Signature]</i>		15. SIGNATURE OF SHERIFF <i>[Signature]</i>	
16. SIGNATURE OF CORONER <i>[Signature]</i>		17. SIGNATURE OF DISTRICT ATTORNEY <i>[Signature]</i>		18. SIGNATURE OF COUNTY CLERK <i>[Signature]</i>	
19. SIGNATURE OF TOWNSHIP CLERK <i>[Signature]</i>		20. SIGNATURE OF VOTING CLERK <i>[Signature]</i>		21. SIGNATURE OF POLLING CLERK <i>[Signature]</i>	
22. SIGNATURE OF BALLOT CLERK <i>[Signature]</i>		23. SIGNATURE OF BALLOT BOX CLERK <i>[Signature]</i>		24. SIGNATURE OF BALLOT COUNT CLERK <i>[Signature]</i>	
25. SIGNATURE OF BALLOT TALLY CLERK <i>[Signature]</i>		26. SIGNATURE OF BALLOT TALLY CLERK <i>[Signature]</i>		27. SIGNATURE OF BALLOT TALLY CLERK <i>[Signature]</i>	
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TO BE RETURNED TO THE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7949

CERTIFICATE OF DEATH

Reg. Dist. No.

07947

1. PLACE OF DEATH a. COUNTY Frederick b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick c. LENGTH OF STAY IN 1b 5 days d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middletown d. STREET ADDRESS East Main Street e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Guy Middle P. Last Waters		4. DATE OF DEATH Month July Day 18 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 25, 1887 9. AGE (In years last birthday) 71 yrs. 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME James Kinna Waters		14. MOTHER'S MAIDEN NAME Laura Leatherman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 220-34-1015 17. INFORMANT Mary Y. Waters, Middletown, Md. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 260x Acute myocardial infarction DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Generalized arteriosclerosis DUE TO (c) Diabetes mellitus INTERVAL BETWEEN ONSET AND DEATH 10 yrs		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerotic gangrene of lower extremity. 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 14 July , 1959, to 18 July , 1959, that I last saw the deceased alive on 18 July , 1959, and that death occurred at 10:30 P. M, from the causes and on the date stated above. ACTUAL SIGNATURE Melvin E. Lea M.D. ADDRESS (Street, city or town, state) 35 East Church st DATE SIGNED PHYSICIAN'S NAME (Type) Melvin E. Lea MD Frederick, Md			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF July 21, 1959	
22c. NAME OF CEMETERY OR CREMATORY Lutheran		22d. LOCATION (City, town, or county) (State) Middletown, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Gladhill Co., Middletown, Maryland ADDRESS		24a. REC'D BY REGISTRAR DATE JUL 22 '59 24b. REGISTRAR'S SIGNATURE Carlton S. Hines	

CERTIFICATE OF DEATH

1948

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18

1. PLACE OF BIRTH		2. PLACE OF DEATH	
3. DATE OF BIRTH		4. DATE OF DEATH	
5. SEX		6. RACE	
7. MARRIAGE		8. OCCUPATION	
9. CAUSE OF DEATH		10. MANNER OF DEATH	
11. SIGNATURE OF DECEASED		12. SIGNATURE OF WITNESSES	
13. SIGNATURE OF PHYSICIAN		14. SIGNATURE OF CORONER	
15. SIGNATURE OF JUDGE		16. SIGNATURE OF CLERK	
17. SIGNATURE OF REGISTRAR		18. SIGNATURE OF OFFICIAL	
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7965 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL or and give nearest town) Rural Urbana		LENGTH OF STAY (in this place) 20 Years		CITY (If outside corporate limits, write RURAL and give nearest town) Rural Urbana			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Urbana				STREET ADDRESS (If rural give location) Urbana		Lived On Farm Yes	
3. NAME OF DECEASED (First) (Middle) (Last) William Andrew Webb				4. DATE OF DEATH (Month) (Day) (Year) July 10 19 59			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 9 1881		9. AGE last birthday 78 yrs.	IF UNDER 1 YEAR (Months) (Days) IF UNDER 24 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joseph Webb				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unk.) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT & ADDRESS Rt 1 H. Hyter Webb Gaithersburg, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
1. IMMEDIATE CAUSE (A) 422.1 Broncho pneumonia				INTERVAL BETWEEN ONSET AND DEATH 3 days			
2. ANTECEDENT CAUSE(S) DUE TO (B) Cardiovascular disease				5 years +			
3. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Arterio-sclerosis				5 years +			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		2D. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 30, 1959, to July 10, 1959, that I last saw the deceased alive on July 9, 1959, and that death occurred at 7 A.M. from the causes and on the date stated above.							
SIGNATURE <i>Thomas</i>				ADDRESS (Street, city, town, state) Frederick, Md.		DATE SIGNED 7/11/59	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF July 13		NAME OF CEMETERY OR CREMATORY Laytonsville Meth.		LOCATION (City, town, or county) (State) Laytonsville, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>Arthur L. Harris</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Ray W. Barber</i>		ADDRESS Laytonsville, Md.	
DATE JUL 14 '59							

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed in 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

ENCLOSURE

1965 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 12

Name of Deceased Frederick		Sex Male		Age 31 Years		Date of Birth 1934		Place of Birth Baltimore, Maryland	
Cause of Death Sudden		Manner of Death Natural		Occupation Unknown		Education High School		Religion Catholic	
Date of Death July 10, 1965		Time of Death 10:00 AM		Place of Death Home		Physician Dr. J. H. Smith		Hospital None	
Name of Informant John A. Smith		Relationship Son		Address 1234 Main St., Baltimore, Md.		City Baltimore		State Maryland	
Signature of Informant John A. Smith		Signature of Physician Dr. J. H. Smith		Signature of Registrar Maryland State Department of Health		Signature of Coroner None		Signature of Burial Officer None	

TO HOSPITAL, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

7966

CERTIFICATE OF DEATH

07949

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Frederick</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Jefferson</u>		c. LENGTH OF STAY IN 1b <u>years</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Jefferson</u>	
		d. STREET ADDRESS <u>1</u>	
		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>G.</u> Last <u>Young</u>		4. DATE OF DEATH Month <u>7</u> Day <u>10</u> Year <u>1959</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 12, 1895</u>
9. AGE (In years last birthday) <u>64</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Wallace G. Everhart</u>		14. MOTHER'S MAIDEN NAME <u>Effie E. Everhart</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Clarence Young, Jefferson, Md.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Myocardial Infarct</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hour</u> <u>2 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>No attendance Dr. Talbot Brice</u> , that I last saw the deceased alive on <u>was attending Physician he is away!</u> A.M., from the causes and on the date stated above, and that death occurred on <u>July 12, 1959</u> at <u>Frederick, Md.</u> ADDRESS (Street, city or town, state) DATE SIGNED			
ACTUAL SIGNATURE <u>B.O. Thomas</u>		M.D. <u>Frederick, Md.</u> <u>July 12, 1959</u>	
PHYSICIAN'S NAME (Type) <u>B.O. Thomas, M.D.</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		22b. DATE THEREOF <u>7/13/1959</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Middletown, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Gladhill Company, Middletown, Md.</u>		24a. REC'D BY REGISTRAR DATE <u>JUL 14 '59</u>	
		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kline</u>	

